



VCT TOOLKIT

HIV Voluntary Counseling and Testing: Skills Training Curriculum Participant's Manual

January 2005

Family Health International

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BACKGROUND

The evolution of HIV counseling and testing: Where are we now?

Now more than ever, the benefit of knowing one's HIV status is apparent. Increasingly, people can take advantage of a variety of prevention, treatment, care and support options when they know their HIV status. Yet few people who need to know their HIV status have access to testing services. Voluntary counseling and testing (VCT) is an important strategy for increasing the number of people who know their serostatus (see Box A).

Box A: Benefits of Knowing One's HIV Status

Individual level

- Creates more realistic self-perception of client's vulnerability to HIV
- Promotes or maintains behaviors to prevent acquisition or further transmission of HIV
- Alleviates anxiety and facilitates understanding and coping
- Facilitates entry to interventions to prevent mother-to-child transmission of HIV
- Helps client plan and make informed choices for the future
- Leads to early referral to HIV-specific clinical care, treatment and support

Community level

- Creates peer educators and mobilizes support for appropriate responses
- Reduces denial, stigma and discrimination and normalizes HIV/AIDS

The World Health Organization (WHO) and major international public health organizations¹ have drawn attention to the urgent need to rapidly increase access to HIV testing services. They have advocated for innovative strategies to deliver HIV counseling and testing in a greater number of settings and on a much larger scale so that more individuals can benefit. All such innovations must ensure, at minimum, the voluntary nature of HIV testing, informed consent, confidentiality and access to high quality supportive counseling (see Box B).

Box B: Core Principles for HIV Counseling and Testing

- HIV testing should be voluntary (mandatory testing is neither effective nor ethical).
- Informed consent should be obtained, although its definition may vary in different contexts and settings. Elements to ensure true informed consent for HIV testing include: providing pre-test information on the purpose of testing and on treatment and support available once results are known, ensuring understanding, and respecting individual autonomy.
- Confidentiality must be protected.
- Post-test support and service are crucial.

Adapted from *The Right to Know: New Approaches to HIV Counseling and Testing*, WHO/HIV/2003/08.

This training curriculum attempts to support such strategic thinking. Counselors should be aware that different outcomes (e.g. clinical care or HIV prevention goals) require different approaches to delivering HIV testing and counseling in different settings. However, to be effective and ethically sound, all innovations or adaptations must satisfy recommended and internationally required standards of care.

Evolution of HIV testing and counseling services

In the 1980s

The first VCT model was introduced in developed countries during an era when stigma and fear were high and little or no HIV treatment was available. In the 1980s, emphasis was placed on providing voluntary testing with informed consent and on VCT's contribution to meeting HIV prevention goals. The core components—defined and endorsed by number of agencies, including WHO, the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC), included pre-test counseling, HIV testing and post-test counseling. In 1986, the CDC published VCT guidelines focusing on the need for testing and confidentiality; in 1987, the guidelines were revised to emphasize reducing barriers to counseling and testing, especially by protecting personal information.

In the 1990s

With access to drugs for treating HIV diseases and for prevention of mother-to-child transmission increasing in the 1990s, the benefits of knowing one's serostatus increased dramatically. Studies showed that VCT could be a cost-effective intervention in developing countries, including in low prevalence settings. As the cost of VCT declined per client, it began to be considered a basic prevention strategy, a shift that resulted in an increase donor and government support. The CDC guidelines were revised in 1993 to focus on a model of interactive personalized risk reduction, and again in 1994 to emphasize linking standard VCT procedures with treatment goals.

Current thinking in 2003

Today, many agencies agree that VCT creates synergy with HIV/AIDS prevention, care and treatment, primarily because the most effective HIV prevention and care activities require that people know their status. VCT facilitates early referral to care and support, including anti-retroviral therapy and interventions for the prevention of mother-to-child transmission (PMTCT), the treatment of sexually transmitted infections (STIs) and the prevention of tuberculosis (TB) and other opportunistic infections (OIs). In addition, there is agreement that VCT plays a critical role in prevention; studies demonstrate that VCT promotes and sustains behavior change. The current thinking is that VCT needs to be scaled up using innovative strategies so that more people can benefit from knowing their HIV status.

Recently, CDC and WHO guidelines were revised to allow for flexibility in the counseling approach and to ensure that services are available for those who want to know their HIV status, wherever medically indicated in the context of clinical care, and as part of services for preventing HIV in mothers and their infants. These guidelines also stress that regardless of the HIV testing approach and target group being addressed, there is a need to safeguard and maintain the core principles—voluntary testing, pre-test information, informed consent, post-test support and confidentiality.

Suggested approaches for VCT services delivery for different groups

Different strategies offer maximum coverage and ensure accessibility, acceptability and affordability of VCT services, especially for those who want to know their HIV status, those who are medically indicated, and those seeking VCT services in the context of antenatal care.

For those who want to know their HIV status:

- The recommendation is for a traditional VCT approach = with an emphasis on HIV prevention goals, as the potential for behavior change is generally high. This is the most costly and difficult approach to scale up.
- The proposed target groups should include:
 - Young people, although barriers to services must be explored and removed
 - High risk groups, regardless of sero-prevalence rates
- For those who are medically indicated in clinical care settings, WHO recommends that HIV testing and counseling should be considered as standard of care for:
 - Patients with signs and symptoms of HIV infection or AIDS to support clinical diagnosis and treatment
 - TB patients regardless of sero-prevalence rates

- Both medical and psychosocial considerations should be included in a comprehensive care package or treatment plan for these individuals.
- In sexual and reproductive health care settings, the counseling process should address sexual and reproductive health care needs, as well as HIV prevention.

For those seeking VCT services for the purpose of preventing HIV infection in mothers and their infants:²

- In this situation, clients may not have considered the risk of HIV, may not be ready to undergo testing and may have misgivings about confidentiality procedures.
- In high prevalence areas, HIV counseling and testing should be offered to all pregnant women as part of standard care, and the approach can be “opt in” or “opt out.”³
- Primary prevention of HIV infection among pregnant women or reduction of unintended pregnancies among HIV-positive women can be done as part of traditional VCT services or in conjunction with other services such as family planning.

What are the implications of these new approaches to the counselor?

As strategies for counseling and testing continue to evolve to meet the needs of different populations, it is important for counselors to be flexible and knowledgeable about the different strategies. Counselors should be aware of services available in their community that will benefit both HIV-positive and -negative people and be able to determine the client’s need for referral. By working in variety of settings and utilizing multiple strategies, counselors help to ensure that most people who are HIV infected or at risk have access to HIV counseling and testing and are referred to the other prevention, care, treatment and support services that they need.

It is FHI’s hope that counselors who go through this training will be better equipped to address the needs of clients to help them benefit from learning their HIV status.

SESSION LIST

This session list may be changed according to the needs and circumstances of different training programs.

Session Title

Phase 1: Introduction and Pre-Training Assessment

1. Introduction to Training and to Each Other
2. Pre-Training Assessment

Phase 2: Core Skills Training

3. The Global Impact of HIV/AIDS
4. HIV/AIDS in Your Country
- 5a. Preparing for HIV/AIDS Presentations
- 5b. HIV/AIDS Presentations
6. Testing for HIV Antibodies
7. Clinical Manifestations of HIV and Common Opportunistic Infections
8. Self-Awareness and Objectivity
9. Talking About Sex
10. Counseling Skills
11. Client-Centered Counseling
12. Risk Reduction
13. Partner Communication, Negotiation and Condom Demonstration
14. Pre- and Post-Test Counseling Steps
15. Counseling Session Role-Plays
16. Handling Positive Test Results
17. Positive Living Presentations
18. Identifying Resources and Making Referrals

Phase 3: The Practicum

19. Ethics in Counseling (2 hours 30 minutes) and the Practicum (8 hours)
20. Processing the Practicum
21. Practicum Case Study Presentations

Phase 4: Advanced Skills Training

22. Special-Needs Populations
23. Challenging Situations
24. Stress Management
25. Self-Improvement Guide and Monitoring, Counselor Supervision and Quality Assurance

Phase 5: Conclusion of Training

26. Role-Play Assessments
27. Post-Training Assessment
28. Feedback to Participants and Certification

HIV/AIDS VCT SKILLS TRAINING CURRICULUM: INTRODUCTION TO THE TRAINING PROGRAM

Overview

HIV/AIDS voluntary counseling and testing (VCT) has the potential to be a powerful tool for reducing risky behaviors. It also serves as a key entry point to care and support services, making it an important complement to other HIV/AIDS prevention and care strategies.

Successful communication about HIV/AIDS is best achieved through dialogue. The counselor's ability to create a safe and secure environment—one in which the client can ask questions, share personal information, gather information and make decisions without feeling judged or pressured—is critical to the success of the interaction. To create such an environment, the counselor must offer the client time, attention and respect, while bringing verbal and non-verbal skills to the counseling session that enable the client to explore his or her problems, to reach a better understanding of the problems, and to make choices and take action (i.e., the exploration, understanding and action [EUA] counseling model). By applying these skills, the counselor can provide information, ensure confidentiality and facilitate the growth of a trusting relationship.

Structure

This training curriculum is comprised of an introduction and pre-training assessment phase (3 hours), three training phases (68 hours total) and a conclusion phase (7-9 hours). During the three training phases, specific topics are presented in a logical sequence. The Core Skills Training phase includes sessions 3 through 18 and requires 38 hours to complete. The Practicum (sessions 19 through 21) requires 17 hours and 30 minutes, including preparation time and 8 hours of the practicum itself. Advanced Skills Training is covered in sessions 22 through 25 and requires 12 hours and 30 minutes. Sessions 26, 27 and 28 comprise the Conclusion, which requires 7 to 9 hours.

This training structure is important, as each phase is designed to build upon the previous phase, and facilitators and supervisors must ensure ongoing monitoring of each trainee's performance throughout this process. However, if necessary, this sequence may be changed according to the needs and circumstances of different training programs. At the end of the training, the trainer determines whether the trainee has satisfactorily completed the training, and if so, the trainee receives certification from the relevant national or regional governing body.

Phase 1: Introduction and Pre-Training Assessment (Sessions 1-2)

This phase introduces the participants to the training and to each other. It contains a pre-training assessment.

Phase 2: Core Skills Training (Sessions 3-18)

Phase 2 includes basic information about HIV/AIDS epidemiology and virology, the disease and how it develops, basic counseling skills, self-awareness and the role it plays in VCT counseling, client-centered counseling, identifying and using counseling skills, the steps of a VCT counseling session, issues for VCT counseling, and creating a support group or identifying an existing group with whom to work. It is important that all sessions in Phase 2 are covered before engaging in the practicum experience.

Phase 3: The Practicum (Sessions 19-21)

This phase starts with a review of the ethical issues in counseling and includes an opportunity for participants to shadow an experienced counselor, to have direct contact with clients, and to build and improve counseling skills. At the end of their practicum, participants prepare a case study based on their experience for their fellow participants.

Phase 4: Advanced Skills Training (Sessions 22-25)

Participants return to the classroom setting to discuss issues arising in the field and further strengthen counseling skills through describing lessons learned and sharing experiences. The key components of this phase are presenting the practicum case studies, processing the practicum, and developing a guide to self-improvement that addresses quality assurance and supervision. Participants also address issues related to counselor burnout and write an action plan for working with special needs populations and support groups.

Phase 5: Conclusion of Training (Sessions 26-28)

This phase includes post-training assessments, certification and training evaluation. Upon successful completion of all training objectives, training phases, and assessments, participants receive a VCT Training Certificate of Completion.

Certification

Individuals who satisfy all course requirements will be issued a certificate in basic counseling skills endorsed by the National AIDS Control Program or any other relevant governing body. Those who have not satisfied all requirements but who demonstrate counseling capabilities should be given the opportunity to complete outstanding requirements. After these requirements are completed, they may also be issued a certificate.

Refresher Training and Monitoring Systems

Learning is an ongoing process, and completion of this training should not be viewed as the “end of the road.” This training program provides training in a basic level of counseling skills. Counselors are encouraged to continue their learning using a variety of methods, including peer supervision, refresher courses, regional advanced skill training, individual supervision, development and/or attendance at a local counselor support group/association. Where such structures do not exist, organizations must take action to create them to ensure that clients and communities receive high-quality VCT services.

SESSION 1: INTRODUCTION TO TRAINING AND TO EACH OTHER

HIV/AIDS VOLUNTARY COUNSELING AND TESTING TRAINING OBJECTIVES

The overall goal of the HIV/AIDS VCT training program is to train VCT counselors to effectively provide clients with useful, accurate information about HIV/AIDS in a safe, positive environment so that clients can make informed decisions about their personal health needs and practices.

The goal of this training manual is to professionally train VCT counselors to provide high-quality VCT services in a variety of settings. Three basic elements are involved in learning to counsel effectively: knowledge and understanding, skill development and self-knowledge.

By developing these three elements, this training program is designed to foster competencies in three main areas: information skills, counseling and communication skills, and resource development and referral skills. By the end of the training program, the participants will demonstrate the ability to do the following:

INFORMATION SKILLS/KNOWLEDGE AND UNDERSTANDING

- Gain knowledge of:
 - The concepts of effective counseling
 - The theory underlying the counseling approach used in HIV/AIDS counseling
 - Common psychological processes, for example human sexuality, loss, and relationship interactions.
- Transfer information about HIV/AIDS (using the VCT Reference Guide as a resource) to clients during presentations and post-training role-play assessments. This includes information about: transmission, testing, progression of HIV infection, treatment, positive living, prevention and risk reduction.

COUNSELING AND COMMUNICATION SKILLS/SKILL DEVELOPMENT AND SELF-KNOWLEDGE

- Understand the client-centered approach to counseling found in the VCT Reference Guide.
- Demonstrate the ability to assess client needs and readiness, create risk reduction plans, give condom demonstrations, create plans for partner negotiation, obtain informed consent, communicate test results, create positive living plans, and create plans for follow-up and referrals.
- Conduct a pre- and post-test counseling sessions.
- Facilitate behavior change in relation to HIV/AIDS prevention.
- Assess clients' psychosocial needs and provide necessary support.
- Acquire basic counseling skills that involve:
 - Building a professional and ethical relationship
 - Maintaining this relationship throughout the counseling process
 - Building trust, assessing and exploring, understanding and being understood, and determining action
- Create strategies for counseling special needs populations using case studies, and write an action plan to create a support group or establish a relationship with an existing one.
- Create a Self-Awareness Guide that includes a personal values and attitudes assessment, strategies for developing/maintaining objectivity in client interactions, and strategies for managing personal stress and burnout.
- Assess personal strengths and weaknesses as a counselor and write a three-month action plan that includes strategies for quality assurance, supervision, and building and improving communication skills.

- Give and receive counseling performance assessment feedback using the Performance Checklist and other criteria according to the guidelines for feedback found in the Participant's Manual.

At the end of the training, participants will have developed increased self-awareness, positive attitudes and values. This will result from having an opportunity to:

- Express their self-perceived strengths as HIV counselors.
- Voice their concerns about doing this work.
- Learn how the training is designed to draw on their strengths as it addresses their concerns.
- Identify the basic values and attitudes they bring to HIV-prevention counseling.
- Learn how to separate their own feelings from those of the client.
- Increase levels of self-awareness to enable them to work more effectively with clients.

Trainees will also have an opportunity to develop attitudes and values that:

- Are consistent with their particular country's policy on ethics and human rights in relation to confidentiality of information, screening for HIV infection and testing for HIV.
- Enable them to feel comfortable when discussing sensitive issues such as sexual behavior.
- Enable them to deal with their own emotions in relation to HIV/AIDS and STIs and the care of people living with AIDS (PLHA).
- Avoid discrimination against high-risk groups or against clients with HIV/AIDS or STIs.

RESOURCE DEVELOPMENT AND REFERRAL SKILLS

- Identify client information needs and efficiently access information addressing those needs in the VCT Reference Guide and Participant's Manual.
- Identify client referral needs for preventative, psychological, economic, social, and medical services and/or support information and develop plans to address those needs.
- Create an action plan for updating, adding to and improving resource and referral lists. This action plan should include timelines, task breakdown, and resources needed. The resource and referral list should include information on local medical and hospital services, economic support services, psychological support services, support groups, hospice/client care programs, and prevention and education programs.

SESSION 2: PRE-TRAINING ASSESSMENT

PRE-TRAINING ASSESSMENT

Name _____

(All questions are worth one point each.)

True or False? Circle the correct response.

1. T F HIV weakens an infected person's immune system.
2. T F The only way someone can transmit HIV is through sexual intercourse.
3. T F Studies show that if used consistently and correctly, condoms greatly reduce the risk of HIV transmission.
4. T F A positive test result means an individual has AIDS.
5. T F Counselors should give clients who receive a negative test result a handout on reducing risk.
6. T F Giving good advice is a key VCT counseling skill.
7. T F The HIV ELISA test looks for HIV antibodies in the blood.
8. T F According to UNAIDS, most children born to HIV-infected women will be infected themselves.
9. T F Most HIV-positive babies become infected before birth.
10. T F Individuals who have an STI, or a history of STIs, are at a greater risk for contracting HIV.

AIDS or HIV? Circle one.

11. AIDS HIV Which can be transmitted from an infected person to another person?
12. AIDS HIV Which is a doctor's diagnosis, not a specific illness?

Short Answer/Fill in the Blank/Multiple Choice

13. The transmission of HIV through deep (French) kissing . . . (Circle one.)
 - a. Is not possible.
 - b. Is theoretically possible because saliva carries HIV.
 - c. Is only possible if HIV-infected blood is present; saliva does not transmit HIV.

14. At what point during sexual activity should a condom be put on? (Circle one.)

- a. After pre-ejaculation fluid is visible.
- b. Before genital contact.
- c. Before insertion.
- d. Immediately following ejaculation.

15. HIV is a _____ sexually transmitted infection.

- a. bacterial
- b. viral

16. Write the words represented by each letter of the acronym "AIDS."

A

I

D

S

17. Name the three major ways that HIV can be transmitted:

18. Write the words represented by each letter of "HIV."

H

I

V

19. Of the following list, circle the three that demonstrate good VCT counseling skills because they encourage continued communication with the client. (We'll discuss these skills more during training, but it is important to remember that we want to Build Trust, Explore and Understand the Client's Situation, and Work Together to Determine Action.)

Ask "why" questions

Request clarification

Ask open-ended questions

Encourage speaker to continue

Give good advice

Provide information only

20. Read the following scenario and the possible responses that you could give the client. Check the response that would you would use as part of a client-centered counseling approach.

A woman comes in because she is considering getting tested. Her husband told her that he has HIV/AIDS, and she's very upset. She is thinking of leaving her husband. She asks, "What am I supposed to do?"

____ "You sound very upset. I'm glad that you came to the clinic. Let's first talk about what happened with your husband."

____ "First, let's take a test to see if you are infected with HIV."

____ "You may have put yourself at risk for HIV. Let me tell you how HIV is transmitted."

SESSION 3: THE GLOBAL IMPACT OF HIV/AIDS

HANDOUT 3.1: STATISTIC MATCH UP WORKSHEET

Match the number in the right column to the description in the left column.

The estimated number of people infected with HIV worldwide.	a. 22 million
The rate of adult prevalence in Botswana in 1989. (percent)	b. 13 million
The rate of adult prevalence in Botswana in 2001. (percent)	c. 3 million
The total number of AIDS deaths from the beginning of the epidemic to 2001.	d. 40 million
Number of people newly infected with HIV in 2001.	e. 580,000
Percentage of HIV-positive people in sub-Saharan Africa who are women.	f. 5 million
Number of infections occurring daily in 2001.	g. 14,000
Number of AIDS-related deaths worldwide in 2001.	h. 35.8 percent
Number of orphans who have lost their mother or both parents to AIDS since the beginning of the epidemic in the world.	i. 55 percent
Number of AIDS-related deaths among children in 2001.	j. 1-5 percent

SESSION 4: HIV/AIDS IN YOUR COUNTRY

CASE STUDY 1: ANNA

Anna is 13 years old. She is the oldest of three children. Her two younger brothers are six years old and eight months old. Her mother recently died of AIDS. Anna and her brothers live in their father's village. They moved there a year ago because he had to travel to another country to find work. He has not returned for more than a year. He wrote Anna's mother a letter telling them he was very sick and had to remain where he was.

Anna's mother did not know or get along with her husband's family very well. Anna's father's family is afraid to care for the children because they are not sure whether they are infected with HIV. They have agreed to help with the youngest, but they told Anna she will need to take her other brother and find a different place to live.

Discuss the following questions:

- What are Anna's options for finding a place to live?
- What can Anna do regarding medical care for herself and her brother?
- What can Anna do to financially support herself and her brother?
- What happens to the orphans of parents who have died of AIDS?
- What are their choices?
- What types of programs exist to support them?
- How does the country pay for those programs?
- What could be your role as a VCT counselor in this case?

CASE STUDY 2: GEORGES

Georges is a truck driver. He transports wood from the forests to the big cities. He travels along a popular route so he has several choices about what town he wants to spend the night in. His wife and four children live in the capital of the country. He comes home every week for a day or two.

Georges has a girlfriend in a small town along his route. Occasionally, Georges has sex with a commercial sex worker while he is away from home. Georges has many friends who also drive trucks. They pass each other often on their trucking route and spend time together at the bars in some of the small towns along the way. Many of his friends have similar arrangements in that they have girlfriends and they may have sex with a commercial sex worker occasionally.

Georges recently discovered that a friend of his has died of AIDS. This was the third trucking friend to die in a year. Georges had sex with the same commercial sex worker as his friend who just died. Georges is worried that he may have been infected. Georges is unsure what to do. If he is HIV positive, what will happen to him and his family?

Discuss the following questions:

- What options are available to Georges?
- What will it mean for him and his family if he is HIV positive?
- What is happening along the trucking route?
- What are the implications if more truckers die due to AIDS?
- What will happen to the transportation of food and materials?
- What is the economic impact of losing many truckers to AIDS?
- What could be your role as a VCT counselor in this case?

CASE STUDY 3: FANTA

Fanta is 17 years old. She attended school until she was 15. She then had to return to her town to help her mother take care of her grandmother and her brother and sisters. She lives in a small town that is only 30 kilometers from a major city. She has had the same boyfriend, Ali, for two years. He is 24 years old. Ali leaves town more often now to look for a job in the city. Fanta has been using birth control pills for the last two years. She is getting worried that Ali will leave her soon. She knows he has slept with other girls because she had to go to the doctor to be treated for syphilis. She has decided to stop using the pill so that she will get pregnant. She believes that Ali will marry her if she is pregnant.

Discuss the following questions:

- What are the risks for Fanta?
- What options are available to her for work or leaving her town?
- Who else is affected by her decisions?
- What could happen to her if she does get pregnant?
- What are the issues regarding youth and HIV/AIDS?
- What kind of access do youth have to information and resources?
- What happens to youth who are infected with HIV?
- How is the community affected when 15- to 25-year olds are infected with HIV?
- What could be your role as a VCT counselor in this case?

SESSION 5A: PREPARING FOR HIV/AIDS PRESENTATIONS

PRESENTER'S SKILLS

- Talk loudly and clearly (if culturally appropriate).
- Use your own style.
- Use eye contact.
- Face the audience at all times.
- Don't read from notes, just refer to them.
- Be very prepared.
- Know the subject well, but be able to say "I don't know" if you get a question you cannot answer.
- Involve your audience.
- Practice and practice some more.
- Use simple and direct language.
- Use clear and simple visual aids.
- Use clear and simple activities.
- Allow time for questions and answers.

ADULT LEARNING OR PARTICIPATORY TECHNIQUES

- Case Study: Story of an individual or a specific situation with discussion questions
- Games and Activities: Races or competition between teams or individuals using a particular subject as a theme
- Poster: A large visual with a slogan or image that captures a theme and makes an important point
- Photos: Can be used to illustrate a point or tell a story
- Videos: Require a television, but can be a useful tool for telling a story or demonstrating how something is used or a particular skill
- Visual Aids: Rely on an image or a few words to tell a story, start a discussion or illustrate a point. They should be simple and clear with few words and/or images.
- Charts and Graphs: Can be used to make statistical information more clear. They can also be used as an activity by having participants graph or chart information.
- Stories or Songs: Are creative ways to get participants engaged and make the message fun and easy to remember
- Demonstration: The trainer or presenter demonstrates how an activity is done or how a device is used. This can be followed up with the participants doing the activity or using the device.

SESSION 5B: HIV/AIDS PRESENTATIONS

GUIDELINES FOR FEEDBACK

Feedback should be given:

- When the individual asks for it and/or is ready for it.
- About what the person did and not about who the person is. Describe the behavior/action and not character.
- With specific and concrete examples.
- About something the individual can change or do something about. For example, you would not want to say, "You looked a little short up there" because people can't change their height.
- At the appropriate time. For example, feedback several weeks after a presentation will not be as useful as that provided immediately after a presentation.
- In a positive, constructive fashion. Focus first on what they did well and then on what they could improve upon.

SESSION 8: SELF-AWARENESS AND OBJECTIVITY

DISCONNECT EXERCISE (COMMERCIAL SEX WORKER)

Why me?

Why should I tell any one?

Will I die in pain?

Wouldn't you kill yourself if you were me?

Does anybody care if I live or die?

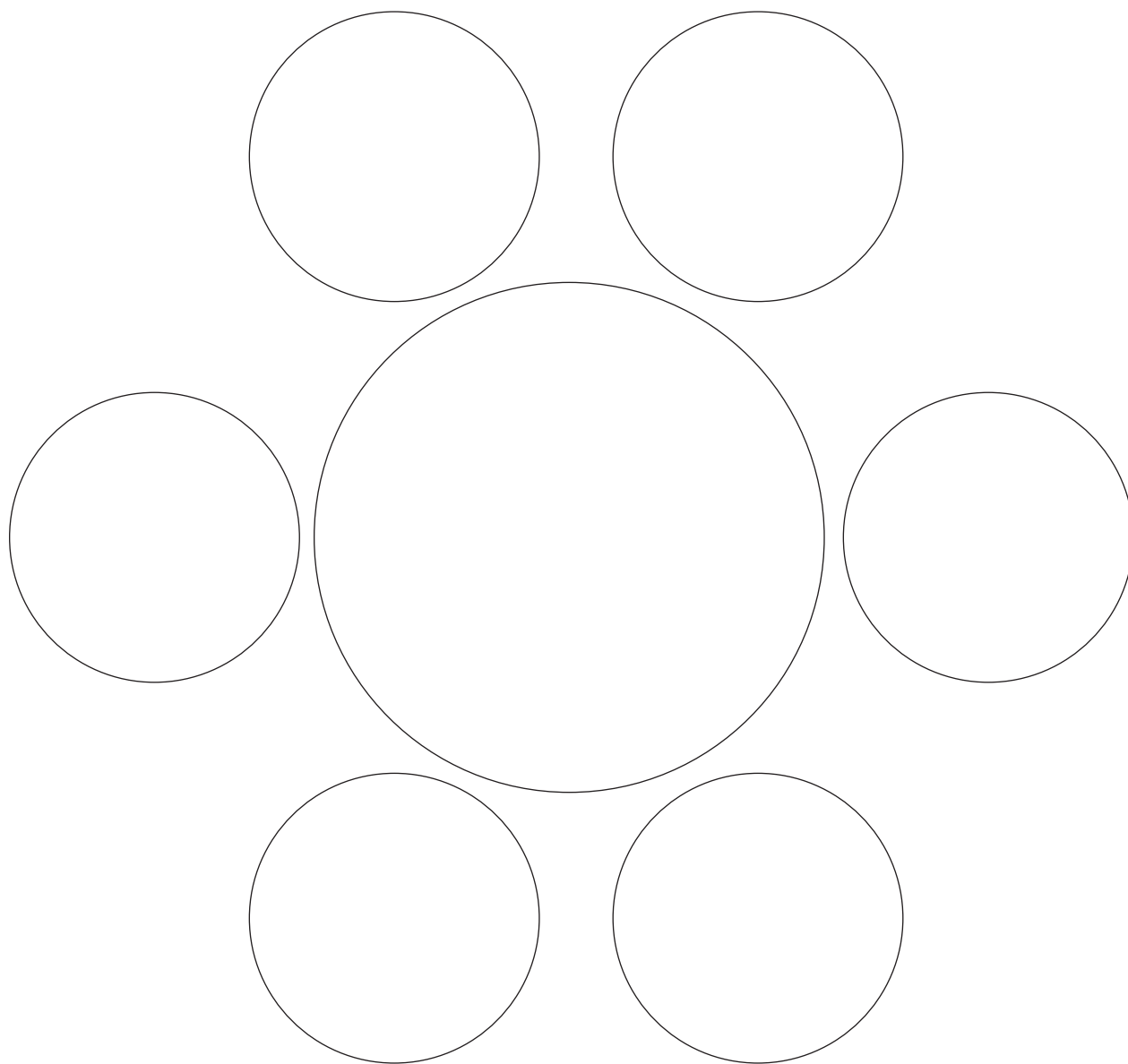
What will happen to my children?

Is there a God?

Why would God put me through this?

Am I forgiven?

Column A: Responding	Column B: How you honestly feel	Column C: Rewrite a response that is more honest and sensitive to client's emotional state



STRENGTHS AND WEAKNESSES EXERCISE

My strengths are:

My weaknesses are:

I can use this strength in my work as a VCT counselor:

This is a weakness that may affect my work as a VCT counselor:

SENTENCE FRAGMENTS

- When I think of a man who has had repeated STIs (sexually transmitted infections) and sleeps with strangers or commercial sex workers without using a condom...
- Women who exchange sex for drugs or money . . .
- People who have sex outside of their main relationship . . .
- When I think of an HIV-infected woman wanting to become pregnant . . .
- Men who have sex with very young girls . . .
- Men who have sex with men . . .

UNDERSTANDING OUR STEREOTYPES AND PREJUDICES

We develop certain prejudices and stereotypes about other people and groups from the social environment in which we grow up. These stereotypes and prejudices have a major impact on the way we interact with others. For this exercise, write an honest response reflecting how you view these groups of people. Explore how these generalizations can affect your relationships with your clients in counseling.

Black people are . . .

White people are . . .

Citizens of my neighboring country are . . .

People of this ethnic group are . . . (Identify an ethnic group other than your own.)

People of my ethnic group are . . .

Homosexuals are . . .

Men are . . .

Women are . . .

Young people are . . .

Children are . . .

Commercial sex workers are . . .

People who drink a lot or use drugs are . . .

Thin people are . . .

Fat people are . . .

Rich people are . . .

Poor people are . . .

People with no formal education are . . .

People who are highly educated are . . .

Muslims are . . .

Christians are . . .

People in the military are . . .

Old people are . . .

OBJECTIVITY WORKSHEET

Select one activity or behavior that we've worked with today (or one of your own) to which you had the strongest reaction. Complete the worksheet by asking yourself the questions below.

- What is a behavior or activity to which I react strongly?

- What is my gut-level or initial reaction to this activity or behavior?
 -
 -
 -
- Why do I feel this way? What is the origin of my reaction?
 - I identify with the behavior or value.
 - My values are very different from a person who does this behavior.
 - I imagine I would feel responsible for this person adopting a different behavior.
 - Others:

- How might this reaction affect the conversation I have with this client? Consider the effect on tone, information or agenda.
 -
 -
 -

- Why might this person engage in this behavior or consider this behavior? Consider psychological, sociological, cultural and/or religious factors.
 -
 -
 -
- What can I do to keep my feelings about a behavior from affecting my objectivity during a session? (Please be more specific than "remaining non-judgmental or objective.")

SELF-AWARENESS GUIDE

Name: How important is it to you?

Gender: Are you satisfied with who you are?

Body: Are you satisfied with your physical appearance?

Abilities: What are you particularly good at?

Mind: Do you feel OK about your intellectual ability?

Age: Are you comfortable being the age you are now?

Birth: What kind of feelings do you have about where you were born?

Culture: Where were you brought up? If you have moved among different cultures, what influence has this had?

Education: What influence did your education have? What would you like to have achieved that you did not?

Employment: List the jobs you have had, the people you remember associated with those jobs, and the overall influence of the work and people on you.

People: Who influenced you most while you were growing up?

Mother: What is your opinion of your mother? How did/does she influence who you are?

Father: What is your opinion of your father? How did/does your father influence who you are?

Parents: If you have no parents, how has that influenced you?

Siblings: What is your opinion of your brother/sisters? If you have no brothers or sisters, what influence has that had?

Spouse: If you are married, how has your spouse influenced you?

Children: How have your children influenced you? If you wanted children and were unable to have them, how has that influenced you?

Marital/partnership status: If you are unmarried or have no partner, what influence does that have?

Preferences: How do your own sexual preferences influence how you think about the preferences of others?

Values: What values do you hold dear, and what influence do they exert?

Religion: If you are religious, what influence does that exert? If you have no religion, what influence does that exert?

Experiences: What life experiences are significant for you, and why?

Health: How have any illnesses or accidents influenced you?

Memories: What memories do you treasure, and what memories do you try hard to forget?

Relationships: Which relationships in the past are you glad you had, and which relationships do you wish you had never had?

Circumstances: What life circumstances, past or present, do you celebrate, and which do you regret?

Authority: Who represents authority for you, in the past and now? What influences do these figures exert on you?

Strengths: What are your major strengths, and how might these influence your ability to listen to clients?

Weaknesses: What are your major weaknesses, and how might these influence your ability to listen to clients?

Virtues: What do you consider to be your virtues (your “good” qualities)? How do they influence your behavior?

Vices: Do you have any vices (“bad” qualities)? If so, how do they influence your relationships?

SESSION 10: COUNSELING SKILLS

CHARACTERISTICS OF A GOOD COUNSELOR

- Good listener
- Empathetic
- Non-judgmental
- Respectful
- Communicates effectively (coherently and concisely)
- Able to recognize limitations
- Has high level of self-awareness
- Non-controlling
- Non-directive
- Accessible and available to clients
- Able to deal with client's reactions
- Open-minded
- Empowering
- Flexible
- Knowledgeable, especially about HIV/AIDS
- Knows when to say "I don't know"
- Resourceful
- Follows client's lead
- Ability to explain things on client's level

COUNSELING SKILLS : THE BASICS

The skills and techniques of counseling can be used to maximize the possibility that the client, with the help of the counselor, will explore, understand and take action to resolve an identified problem. The central feature of a counseling relationship is trust. The client must trust the counselor and the process before any work can be accomplished. Many counseling skills can be used in your work as VCT counselors. This training will focus on the 15 skills listed below. Other skills are described in Chapter 3 of VCT Reference Guide on HIV/AIDS counseling and testing. The skills are broken into four categories: Building Trust, Exploring/Assessing, Understanding and Being Understood, and Determining Action.

A. Building Trust

Affirming

This acknowledges that the client made a right and brave choice by coming to the clinic to be tested.

Attending and Listening

The purpose of this skill is to let the client know that you are actively engaged in the conversation and the service you are providing—there is nothing else in the world but this client's concerns. The following are strategies for "attending" to the client and showing the client that you are paying close attention to what they are saying.

- Clear your mind and really pay attention to what the client is telling you.

- Stop rehearsing what you are going to say in response; you will have plenty of time to help solve the problem after you are sure what it is.
- Communicate listening through frequent and varied verbal and non-verbal signs: nodding your head, eye contact, minimal encouragers, such as "uh-huh," "yes," "right" and "I see."
- Don't cut off the client.
- Don't jump topics.
- Don't offer your own solutions.

Reflecting Feelings

Using this technique, the counselor names the basic feelings that the client is expressing verbally, the level of intensity and the possible association of the feelings to the content. You must listen with your heart and ears to truly hear what the client is feeling. The next step is to formulate a response that captures those things:

"You feel (feeling word) because (paraphrase what client expressed)."

"I wonder if you're feeling (feeling word) because (paraphrase what client expressed)"

"You seem (feeling word). What is going on for you right now?"

Example: It sounds like you are feeling lonely and down because your result is positive and you have no one to share this information with.

Don't say, "I understand." This does not reflect what a client is feeling.

Third Person or Impersonal Statements

This is useful in acknowledging and normalizing feelings expressed by the client. This lets the client know that their feelings are normal and shared by other people. These phrases often begin with: "lots of people," "many people," and "some people."

B. Assessing/Exploring

Open-Ended Questions

These questions help the counselor gather information about the client. They look for broad responses rather than yes/no responses. It is good to start with questions that begin with the words, Who, What, When, Where, and How:

- Who have you discussed this with?
- What do you know about HIV/AIDS and how you can get infected?
- When is the last time you had unprotected sex?
- How do you think your partner would react if you told him you want him to use condoms when he has sex with other women?

Avoid "why" questions. They can sound judgmental or argumentative. Be sure to ask only one question at a time or it may become overwhelming for the client.

Another type of open-ended question is called the "Nth degree." These questions help the client define their priorities, agenda and/or needs. It also helps the counselor avoid the pitfall of assuming they know what is best for the client.

Examples:

- What is the worst thing that could happen to you?
- What's the scariest part of this for you?
- What's the worst thing your partner could do?
- We could start with lots of important things, but let's start with the most important thing to you. Tell me what it is.

Polite Imperatives

Polite imperatives are comments that let the client know the counselor wants him or her to continue talking. Clients tend to share a lot of information when polite imperatives are used.

Examples:

- Please tell me what your concerns are.
- Tell me more about that.
- Talk to me about some of your concerns.

Silence

Use silence as a way of getting your client to talk. Allow the client some time to reflect upon the question once it has been asked. Don't assume the client didn't understand. Some people need more time than others to reflect on questions.

C. Understanding and Being Understood

Specific or Probing Questions

These questions seek a specific rather than a general response. Once the counselor has some general information about the client, he or she may ask more specific questions for a clearer understanding of the client's behavior, needs or priorities.

Examples:

- How many partners are you currently sexually active with?
- How many of your partners do you use a condom with?
- How often do you use a condom with each partner?

Reflecting Content/Paraphrasing

The counselor determines the basic message expressed in the verbal content of what the client is saying. The counselor then rephrases what the client is saying in similar, but fewer, words.

Examples:

- I hear you saying...
- Are you saying...
- It sounds like you...

Check in with the client to be sure that the reflection is accurate. Don't parrot exactly what the client said. Don't use bigger or more words than the client. Don't add comment or judge. Paraphrasing or reflecting content often focuses on what is going on with the client, such as events, timelines or people.

Giving Information Simply

Clients are more likely to remember information that is given in simple terms that they can apply to their situation. Ask clients what their understanding is of what was said. Explain important points more than once. Use non-technical and culturally appropriate language. Use visuals if available. Put important points in writing, or use diagrams or pictures that clients can take with them. In answer to a question, it is also okay for the counselor to say, "I don't know."

Reframing

Reframing involves the counselor offering another perspective on what a client has expressed.

Example:

- Client: I've tried getting my husband to use condoms with me, but he just won't. I might as well face the fact that sooner or later, I'm going to get AIDS.
- Counselor: Even though you are feeling down because your husband won't use condoms, you have taken an important step in talking to him about it. What else do you want to talk to him about regarding his and your risk for infection?

This example acknowledges what the client has done and gives her another way to look at the issue.

D. Determining Action

Exploring Barriers

The counselor uses questions to help the client identify barriers to taking action.

Examples:

- What is stopping you from doing this?
- What has stopped you in the past?

Identifying Strategies

The counselor uses questions to help the client identify strategies to overcome barriers to action.

Examples:

- What has helped you in the past?
- What have you not tried before?
- Who can help you with this?
- What will work for you in this situation?

Exploring Outcomes

The counselor works with the client to define their desired outcomes.

Examples:

- What do you want to happen?
- How are you going to make it happen?
- What will happen if you do this?
- What will happen if you don't do this?

Summarizing Plan

The counselor restates the strategies the client has identified and checks in with the client regarding the next steps the client will take.

All of the skills listed under Determining Action apply to many aspects of VCT counseling, such as positive living and emotional support, but they are especially useful for risk reduction work.

SESSION 11: CLIENT-CENTERED COUNSELING

AGREE/DISAGREE WORKSHEET

Rate the following statements on a scale of 1–5, with 1 meaning you agree completely and 5 meaning you totally disagree.

- | | |
|---|-----------|
| 1. Client-centered counseling is education. You are telling the client what they need to know | 1 2 3 4 5 |
| 2. Counseling involves giving good advice and guidance | 1 2 3 4 5 |
| 3. Client-centered counseling is not letting the client talk about anything he or she wants. Rather, it is keeping the client focused on the agenda for the counseling session. | 1 2 3 4 5 |
| 4. If a client says he or she knows about HIV/AIDS and condoms, there is no need to discuss these topics further. | 1 2 3 4 5 |
| 5. A counselor should use technical language to demonstrate that he or she is knowledgeable about the subject. | 1 2 3 4 5 |
| 6. It is important to ask questions that can be answered with “yes” and “no” because they are easier for the client to answer. | 1 2 3 4 5 |
| 7. Confidentiality and privacy are ideal, but not necessary, for good counseling to occur. | 1 2 3 4 5 |

AGREE/DISAGREE WORKSHEET DISCUSSION NOTES

Client-centered counseling is education. You are telling the client what he or she needs to know.

Client-centered counseling is different than education. In client-centered counseling, you are exploring with the client what his or her specific information needs are, rather than giving generic information. You provide information so that clients can make informed decisions.

Counseling involves giving good advice and guidance.

Although many people believe counseling involves giving advice, it is not a technique that helps the client in the long run. In the client-centered approach, the counselor avoids telling the client which action is the best. Instead, the counselor uses his or her skills to enable the client to reach a better understanding of the problem, deal with feelings and assume responsibility for evaluating alternatives and making choices.

Client-centered counseling is not letting the client talk about anything he or she wants. Rather, it is keeping the client focused on the agenda for the counseling session.

Clients who stay on course can examine their situation more thoroughly and explore the issue at hand. Clients who wander off of the agenda can become overwhelmed and unable to focus on what they need to do in the immediate future.

If a client says he or she knows about HIV/AIDS and condoms, there is no need to discuss these topics further.

To understand the extent of the client’s knowledge, the counselor must explore the client’s understanding of the disease, as well as the client’s understanding of condoms. Only by understanding the client’s level of knowledge and feelings about these issues can a realistic risk-reduction plan be created.

A counselor should use technical language to demonstrate that he or she is knowledgeable about the subject.

It is critical to recognize that the goal is for the client to understand what is said and how it applies to him or her. An environment of trust is created if the client understands the information being shared. Technical language is not always the best when speaking with clients.

It is important to ask questions that can be answered with “yes” and “no” because they are easier for the client to answer.

By limiting the answers to “yes” and “no,” the counselor receives limited information about the client. Open-ended questions are better at getting the client to share information. The more the counselor explores the client’s history and understands the client’s needs and motivation, the more likely the counselor and client are to come up with an action plan that the client will use.

Confidentiality and privacy are ideal, but not necessary, for good counseling to occur.

Because HIV infection and AIDS are sensitive and emotionally charged issues, all information about the individual and his/her sexual partners must be kept strictly confidential. Confidentiality will win a client's trust and minimize the chances for stigmatization and discrimination. Counseling needs to take place in an environment that maximizes privacy and confidentiality.

SESSION 12: RISK REDUCTION

DEFINITIONS AND MESSAGES

Definitions

Prevention:

Risk Reduction:

GLOBAL VS. TAILORED RISK-REDUCTION MESSAGES

Dialog 1:

Dialog 2:

RISK-REDUCTION ASSESSMENT QUESTIONS

1. Determine risky behaviors.

- What activity are you concerned about?
- How do you think you might have become infected?
- How many partners do you have?
- What makes you think you have been exposed?
- Did you use a condom?
- When was the last time you were at risk? What was happening then?
- Have you or your partners been tested before? What were the results?

2. Assess the costs and benefits of different risky behaviors and risk reduction activities.

- Are you comfortable with what you are doing?
- What are the benefits of this behavior?
- What are the costs of this behavior?
- Is there anything that would prevent you from using this technique?
- Are condoms something you can use? Do you usually use them?
- Will your partner agree to this?
- Is this something that makes sense to you?
- Do you feel comfortable talking with your partner about this?
- Is there something that makes this difficult for you?

- Different people are comfortable with different levels of risk. What are you comfortable with?

3. Explore successes and abilities to reduce risk.

- What kind of things have you done in the past to protect yourself?
- What are you currently doing to protect yourself? How is that working for you?
- Tell me about a time when you did protect yourself (or did not protect yourself).
- Have you ever used a condom? What happened when you did use a condom? What went well? What did not go well?
- Have you ever been tested for STIs or HIV?
- What have you heard about reducing your risk? How have you talked about this with previous partners?
- Who have you discussed this with?

4 & 5. Identify barriers to the strategies and ways to overcome the barriers. Create a risk reduction plan.

- What can you tell me about your current sexual relationships?
- Based on what we have discussed, here are some things that you may consider as part of reducing your risk of HIV.
- Can you tell me what you will do to reduce your risk of HIV exposure?
- Counselors can facilitate the process in #4 and #5 by following the following steps with clients:
 - For each risk reduction behavior, the counselor assesses internal and external obstacles to change, the client's perceived efficacy in enacting the new behavior, readiness to change and availability of resources to support change.
 - In supporting a client's enacting his or her personalized risk reduction plan, the counselor acknowledges and supports the client's strengths (e.g., social support, self-efficacy, previous success in changing behavior, etc.) and assists in problem solving in areas of concern or expected difficulty.
 - If condom use (male or female condoms) is part of the risk reduction plan, the counselor asks the client to tell what he or she knows about condoms and invites the client to practice putting a condom on a penis or vagina model before the counselor conducts the condom demonstration.
 - If the client does not mention condoms, the counselor may introduce the subject, whether or not the client is planning to use them.
 - The counselor elicits a commitment from the client to try to carry out specific behavioral changes.

RISK REDUCTION STRATEGIES

- Masturbate
- Get tested for HIV and other STIs.
- Re-test and use protection during the three-month window period
- Use condoms.
- Always have a condom with you
- Stop seeing specific people who might put you at risk for HIV (for example, commercial sex workers or other non-exclusive partners).
- Use condoms with specific people (for example, commercial sex workers or other non-exclusive partners).
- Reduce your number of partners (even if in a monogamous relationship with each different partner, risk increases with an increasing number of partners).
- Abstain from anal sex (skin in this area can tear easily, creating an opening for the virus to enter the body).

- If you do have anal sex, always use a condom.
- Ejaculate outside of your partner's body.
- Reduce or stop drinking and/or drug use (alcohol and other drugs affect decision-making ability).
- Insist on an unused, sterile needle when getting an injection at the doctor's.
- Do not share unsterilized needles, cutting instruments or sharp instruments with others.
- Talk with a doctor about HIV/AIDS.
- Avoid infected area if genital sores are present.
- Get tested and treated for STIs.
- Go with a new partner to get tested together.
- Get re-tested with your partner.
- Be in a monogamous relationship with a tested partner
- Do not put herbs in the vagina. This can lead to dryness, tearing and infections.
- If you are male, consider getting circumcised. (It is believed that circumcised men may have a lower risk of infection than uncircumcised men).
- Have longer monogamous relationships with fewer partners.
- Do not brush teeth or floss before oral sex. (Brushing or flossing may cause gums to bleed, which means there is an opening in the skin through which the virus can enter the body.)
- Use a condom when having oral sex.
- If performing oral sex on male, have your partner ejaculate outside the mouth.

RISK-REDUCTION STRATEGIES CASE STUDIES

Identify risk-reduction strategies for these clients. Then list possible barriers and solutions to overcoming those barriers. Because you are unable to discuss these ideas with the client, assume that anything is possible.

Case Study #1

The client is a 28-year-old woman. She is a commercial sex worker who works at a bar along a truck route. She has a boyfriend. She has said that some of her clients don't like to use condoms. She also pays for the condoms, which is a financial burden for her. She sometimes drinks with her clients.

Strategies:

Barriers:

Strategies to overcome barriers:

Case Study #2

The client is a 40-year-old male. He works at a bank in the capital city. He is married. He also has a girlfriend whom he believes sees other men. He tried condoms once, but had a negative experience; they made him go soft or flaccid.

Strategies:

Barriers:

Strategies to overcome barriers:

RISK-REDUCTION CHECKLIST

Each of these steps should be done when working with the client.

1. Determine risky behaviors.
2. Assess costs and benefits of risky behaviors and risk-reduction activities.
3. Explore successes and abilities.
4. Identify barriers to those strategies and ways to overcome those barriers.
5. Create a risk-reduction plan.

RISK-REDUCTION CLIENT ROLE-PLAYS

Client #1

The client is a 35-year-old woman. She is married, but her husband works half the year in a neighboring country. She has a boyfriend in the neighboring town. She believes that both her husband and her boyfriend see other women. She has two children and is pregnant with a third. She thinks the father of the baby is her husband. She wants to know what she can do to protect herself while she is pregnant.

Client#2

The client is a 23-year-old male. He prefers sex with men. He works at a tourist resort. He has sex frequently with the male tourists for money. He has noticed that it hurts when he urinates and is concerned.

Client #3

The client is an 18-year-old girl. She attends high school in the city close to her hometown. She stays with her aunt and uncle. She has a boyfriend who is 28 years old. She thinks he has other girlfriends. She will have only anal sex to preserve her virginity.

SESSION 13: PARTNER COMMUNICATION, NEGOTIATION AND CONDOM DEMONSTRATION

STEPS FOR USING A CONDOM

Note to trainers: Write each of the following steps on a separate sheet of paper. Do this twice because the group will be divided into two teams. Mix up the order of the sheets. Also, write all the steps in the order shown here (the correct order) on a flipchart to be shown after the competition.

- Make sure the package does not have any holes or leaks. Check the date to make sure it has not expired.
- Open the package.
- Pinch the closed end of the condom and then place it on the erect penis.
- Still pinching the end, unroll the condom right to the base of the penis. (Pinching the end prevents air from becoming trapped in the tip of the condom. If air does become trapped, the condom has a higher chance of breaking.)
- After ejaculation, hold the condom and withdraw the penis before it gets soft.
- Take off the condom. Wrap it and dispose of it in a trash bin. Never dispose of a condom in a water flush toilet. Never reuse a condom.

PARTNER COMMUNICATION AND NEGOTIATION: STEPS AND QUESTIONS LIST

Assess ability: Use open-ended and specific questions to assess the client's ability to communicate with partner or partners.

- Is it hard to think about talking to your partner?
- Is it difficult to talk to your partner?
- Does it seem realistic to talk to your partner about this?
- What experience do you have discussing things like this with your partner?

Explore barriers: If the client expresses that it is difficult to talk to a partner, assess what barriers the client faces in talking to the partner. Use open-ended and specific questions.

- What's hard about it?
- What might make it difficult?
- How realistic does it seem to talk to your partner?
- How do you think your partner might react if you talked to him/her about it?
- What is challenging about talking to your partner?

Identify strategies: Help the client identify strategies that he or she can use to talk to the partner. Use open-ended and specific questions to help the client identify personal strategies. The most effective strategies come from the client. Only this person knows what will work. Give the client plenty of space to identify potential strategies. Avoid being directive in this discussion.

- How do you think you might do this?
- What do you think will work when talking to your partner?
- How have you brought up topics like this in the past with your partner?
- What do you think might work? What would you want to say to your partner?
- Who might be able to help you? Who could you talk to about this?
- Have you ever talked about issues like this in the past? Maybe with a different partner? What worked then?
- What have you done in similar situations?

- What have you thought about doing?

Have client practice: Help the client be clear about what he or she wants to say by asking him or her to practice during the counseling session. This step is optional, but the option should be made available. The client may have more than one partner to communicate with, so practice accordingly.

PARTNER COMMUNICATION GUIDELINES

- Decide when and where you want to talk. Choose a neutral place that is safe, yet private. Choose a place that is comfortable for both of you.
- Decide what you want to say. Be clear with yourself about your goals and expectations. Set realistic expectations for yourself and your partner. Ask your partner for his or her ideas; create a dialog.
- Try not to drink or use drugs before you talk. Alcohol and other drugs make communication difficult for many people.
- Plan to talk sometime other than when you are about to have sex. Plan to talk at a time when sex is not happening.

PARTNER COMMUNICATION AND NEGOTIATION ROLE-PLAYS

Client #1

The client is a 24-year-old woman. She is a university student. She is beginning a new relationship. She has had two sexual relationships in the past, but has not yet been tested. She had unprotected sex in each of those relationships. She wants her new boyfriend to get tested. She knows he sleeps with other women, and she wants to discuss condoms with him and ejaculating outside of the body.

Did the counselor use the following steps?

- Assess the client's ability to communicate with a partner or partners.
- Explore barriers the client faces in communicating with a partner.
- Identify strategies with the client that can be used when talking to a partner about HIV/AIDS.
- Have client practice what he or she wants to say to a partner, or role-play with the client.

Did the counselor let you as the client come up with some of your own ideas before making suggestions?

Client #2

The client is a 19-year-old male who works at a taxi stand. He has a serious girlfriend and another friend he has sex with occasionally. He has had five partners in the past with whom he had unprotected sex. He wants to start using condoms with the friend. He also wants to ask his girlfriend to get tested.

Did the counselor use the following steps?

- Assess the client's ability to communicate with a partner or partners.
- Explore barriers the client faces in communicating with a partner.
- Identify strategies with the client that can be used when talking to a partner about HIV/AIDS.
- Have client practice what he or she wants to say to a partner, or role-play with the client.

Did the counselor let you as the client come up with some of your own ideas before making suggestions?

SESSION 14: PRE- AND POST-TEST COUNSELING STEPS

COUNSELING STEPS: A GUIDE

Pre-Test Counseling Steps

- **Introduce Client to the Process**
 - Greet and affirm client's decision to come to clinic.
 - Identify yourself and clarify your role.
 - Tell the client how much time is available for counseling.
 - Emphasize confidentiality.
- **Obtain Client Information**
 - Obtain the client's name or code name.
 - Obtain relevant medical and testing history (past and present). If the client is female, determine how many pregnancies she has had. Also obtain information regarding personal health habits: smoking, drinking or drug use.
- **Assess Knowledge of HIV/AIDS**
 - Find out what prompted the client to come for counseling and/or testing.
 - Assess the client's knowledge of HIV/AIDS and misconceptions or misunderstandings.
- **Explain Positive and Negative Results**
 - Assess the client's understanding of what the test entails.
 - Explain what positive and negative results mean; explain concept of the window period.
 - Explore the personal implications of taking the test, and what a positive or negative result will mean to the client, the client's family and/or significant others.
 - Provide an opportunity for the client to ask questions.
- **Create a Risk-Reduction Plan**
 - Determine risky behaviors. Obtain a sexual history. For example: What is the condom use? Does the client have a steady partner, husband/wife, boyfriend/girlfriend or other partners?
 - Assess costs and benefits of risky behaviors and risk-reduction activities.
 - Explore successes and abilities in reducing risk.
 - Identify potential barriers and strategies to overcome those barriers.
 - Create a risk reduction plan.
- **Obtain Informed Consent and Identify Support**
 - Explain how the test is administered, where it is done and how long it will take for results to be available.
 - If the client decides to take the test, obtain informed consent. Explain the consent form, and, when appropriate, allow the client time to read a leaflet on the procedure.
 - Arrange a date and time for a follow-up interview or post-test counseling.
 - Explore possible support mechanisms. Whom will the client tell about the test result? Where will he or she get support? Explore areas of strength (for example, faith, supportive spouse, partner, relatives or colleagues). If same-day testing is not used, determine whom the client may wish to contact for support while awaiting a result.

Post-Test HIV-Positive Counseling Steps

- **Assess Client Readiness**
 - Ask client whether he or she is ready to receive results.
 - Ask client whether he or she understands the meaning of the results.
- **Give Test Results**
 - Give results in a calm and quiet setting as soon as possible after the test.
 - Assess client's understanding of results. Allow for questions.
 - Assess client's emotional state upon receiving the results. Use reflection skills to mirror client's feelings.
- **Counsel Client on How to Live Positively with the Virus (Positive Living)**
 - Assess client needs, including those for medical, psychosocial and economic support.
 - Provide information and/or referrals on healthy living and nutrition.
 - Provide information and/or referrals on opportunistic infections and treatment options.
 - Create a plan with client regarding positive living, and provide referrals and follow up.
- **Create or Alter Risk Reduction Plan**
 - Review pre-test risk reduction plan.
 - Alter plan if requested by the client.
 - Offer condom demonstration and education if client is agreeable.
 - Encourage partner notification. Offer partner negotiation skills building.
 - Discuss family planning.
- **Close Counseling Session**
 - Summarize plans for positive living and risk reduction.
 - Provide specific referral information: places, phone numbers and services available if this was not included in plans.
 - Provide additional supportive and informational counseling if requested.
 - Close session.

Post-Test HIV-Negative Counseling Steps

- **Assess Client Readiness**
 - Ask client whether he or she is ready to receive results.
 - Ask client whether he or she understands the meaning of the results.
- **Give Test Results**
 - Give results in a calm and quiet setting as soon as possible after the test.
 - Assess client's understanding of results. Allow for questions.
 - Assess client's emotional state upon receiving the results. Use reflection skills to mirror client's feelings.
- **Counsel Client on Window Period and Re-Testing**
 - Provide information about window period and re-testing.
 - Assess client need for re-testing: Does client exhibit risky behaviors? Does client have known exposure to HIV? If so, encourage re-testing.
 - Create a risk-reduction plan for the window period if the client agrees to re-test.

- **Create or Alter Risk-Reduction Plan**
 - Review pre-test risk-reduction plan.
 - Alter plan if requested by the client.
 - Offer condom demonstration and education if client is agreeable.
 - Encourage partner notification. Offer partner negotiation skills building.
 - Discuss family planning.
- **Close Counseling Session**
 - Summarize plan for risk reduction.
 - Provide specific referral information: places, phone numbers and services available if this was not included in plan.
 - Provide additional supportive and informational counseling if requested.
 - Close session.

PERFORMANCE CHECKLIST

The Performance Checklist is a tool for monitoring counseling performance. You can use this checklist as a guide or create your own. The checklist includes 15 counseling skills and the steps for pre- and post-test counseling. Most of the numbered skills and steps should be checked off at the close of a counseling session. The bulleted items may be checked off to illustrate what specific skills or steps are used, but it is not necessary to use all of them in each counseling session. Only one of the three bottom sections—Pre-Test Counseling, Post-Test HIV-Positive Counseling and Post-Test HIV-Negative Counseling—will be used during a session in most cases.

Counseling Skills	Check if Used/Comments or Examples
1. Building Trust	
• Affirming	
• Attending and Listening	
• Reflecting Feelings	
• Third Person or Impersonal Statements	
2. Assessing/Exploring	
• Open-Ended Questions	
• Polite Imperatives	
• Silence	
3. Understanding and Being Understood	
• Specific or Probing Questions	
• Reflecting Content/Paraphrasing	
• Giving Information Simply	
• Reframing	
4. Determining Action	
• Exploring Barriers	
• Identifying Strategies	
• Exploring Outcomes	
• Summarizing Plan	

Pre-Test Counseling	Check if Used/Comments or Examples
1. Introduce Client to the Process	
• Greet and affirm	
• Identify yourself	
• State time available for counseling	
• Stress confidentiality	
2. Obtain Client Information	
• Obtain name or code name.	
• Obtain relevant medical/testing history	
3. Assess Knowledge of HIV/AIDS	
• Find out what prompted client to come	

<ul style="list-style-type: none"> Assess the client's knowledge of HIV/AIDS 	
4. Explain Positive and Negative Results	
<ul style="list-style-type: none"> Assess the client's understanding 	
<ul style="list-style-type: none"> Explain what positive and negative results mean 	
<ul style="list-style-type: none"> Explore the personal implications 	
<ul style="list-style-type: none"> Provide opportunity for questions 	
5. Create a Risk Reduction Plan	
<ul style="list-style-type: none"> Determine risky behaviors: obtain sexual history 	
<ul style="list-style-type: none"> Assess costs and benefits of behaviors and reduction 	
<ul style="list-style-type: none"> Explore successes and abilities 	
<ul style="list-style-type: none"> Identify barriers and strategies to overcome 	
<ul style="list-style-type: none"> Create a risk reduction plan 	
6. Obtain Informed Consent and Identify Support	
<ul style="list-style-type: none"> Explain how the test is administered 	
<ul style="list-style-type: none"> Explore possible support mechanisms 	
<ul style="list-style-type: none"> Obtain and explain informed consent 	
<ul style="list-style-type: none"> Arrange post-test counseling 	

Post-Test HIV Positive Counseling	Check if Used/Comments or Examples
1. Assess Client Readiness	
<ul style="list-style-type: none"> Ask whether client is ready to receive results 	
<ul style="list-style-type: none"> Ask whether client understands results 	
2. Give Test Results	
<ul style="list-style-type: none"> Give results in a calm and quiet setting 	
<ul style="list-style-type: none"> Assess understanding of results 	
<ul style="list-style-type: none"> Allow for questions 	
<ul style="list-style-type: none"> Assess client's emotional state 	
3. Counsel Client on Positive Living	
<ul style="list-style-type: none"> Assess client needs: economic, psychosocial and medical 	
<ul style="list-style-type: none"> Provide information and referrals on healthy living and nutrition 	
<ul style="list-style-type: none"> Provide information and referrals on opportunistic infections and treatment options 	
<ul style="list-style-type: none"> Create a positive living plan with client 	
4. Create or Alter Risk Reduction Plan	
<ul style="list-style-type: none"> Revisit/review pre-test risk reduction plan 	
<ul style="list-style-type: none"> Alter if requested by the client 	
<ul style="list-style-type: none"> Offer condom demonstration/education 	
<ul style="list-style-type: none"> Encourage partner notification 	
<ul style="list-style-type: none"> Offer partner negotiation skills building 	
<ul style="list-style-type: none"> Discuss family planning 	

5. Close Counseling Session	
• Summarize plans for positive living and risk reduction	
• Provide specific referral information	
• Provide additional counseling if requested	
• Close session	

Post-Test HIV-Negative Counseling	Check if Used/Comments or Examples
1. Assess Client Readiness	
• Ask whether client is ready to receive results	
• Ask whether client understands results	
2. Give Test Results	
• Give results in a calm and quiet setting	
• Assess understanding of results	
• Allow for questions	
• Assess client's emotional state	
3. Counsel Client on Window Period and Re-Testing	
• Provide info on window and re-testing	
• Assess need for re-testing	
• Create risk reduction plan for window period	
4. Create or Alter Risk Reduction Plan	
• Review pre-test risk reduction plan	
• Alter plan if requested by the client	
• Offer condom demonstration and education	
• Encourage partner notification	
• Offer partner negotiation skills building	
• Discuss family planning	
5. Close Counseling Session	
• Summarize plan for risk reduction	
• Provide specific referral information	
• Provide additional counseling if requested	
• Close session	

TAG TEAM ROLE-PLAYS

Post-Test HIV-Negative Counseling

The client is a 20-year-old female who did not complete high school. She lives in a town 60 kilometers from a major city. She lives at home and works in neighboring compound cooking and cleaning for extra income. She has had three partners in the last year and feels she is at a somewhat low risk for infection because she sees only one person at a time. She tested negative last year. She does

not ask her partners to use condoms, fearing that they would be insulted if she suggested it. She knows very little about how HIV/AIDS works in the body, but she does know she can get it through having unprotected sex.

Post-Test HIV-Positive Counseling

The client is a 38-year-old man who did not complete grade school. He works in his fields and tends his animals for income. For additional income, he works the weekly markets in the surrounding area after harvest and planting season is over. He has had 8-10 partners in the last year. This includes his three wives, one of whom is pregnant. His other partners are women he knows in the weekly market communities. One of those women recently died, and it was rumored that she died of AIDS. He knows very little about how HIV/AIDS works in the body, but knows he can get it through having unprotected sex. He does not use condoms. He may be persuaded, but the counselor will really have to convince him why he should use them.

SESSION 15: COUNSELING SESSION ROLE-PLAYS

SELF-GUIDED STUDY

Answer the following questions using your VCT Reference Guide and your Participant's Manual. Please note where you found your answer (the chapter or session and page number).

1. What are the five steps to creating a risk reduction plan?
2. What are the four bodily fluids that carry HIV?
3. List at least three strategies that pregnant HIV-positive women can use to reduce the risk of infecting their unborn child.
4. List at least three opportunistic infections associated with HIV/AIDS.
5. What does a positive test result mean? (No need to include strategies for staying healthy or reducing risk for this question.) Write answer as though you were telling a pre-literate client.
6. What does an indeterminate test result mean? (No need to include strategies for staying healthy or reducing risk for this question.) Write answer as though you were telling a pre-literate client.
7. Identify at least three risk reduction strategies (other than using condoms) for a 21-year-old male who has three to four monogamous/exclusive relationships a year.
8. Using the "hand model," what are the seven recommendations for positive living?
9. What are the seven steps of the Crisis Counseling Model for counseling clients who are experiencing crisis or difficulty?
10. What is the difference between HIV and AIDS?

INSTRUCTIONS FOR PRE-AND POST-TEST COUNSELING ROLE-PLAYS

- Each group will include three people: a client, a counselor and an observer. Each person will first conduct a pre-test counseling session. After each member of the group has completed a pre-test counseling session, then each person will conduct a post-test counseling session using the same role-play client as they did for the pre-test session.
- **Client.** You will choose a role-play from the envelope. You do not know your test result.
- **Counselor.** You will choose either a positive or negative test result from the Test Results Envelope before you begin your post-test counseling session. Use the Performance Checklist as a guide when you are stuck. Use your VCT Reference Guide and Participant's Manual as resources as well.
- **Observer.** Use the Performance Checklist as a tool for giving feedback.
- Remember the rules of good feedback: be timely and specific, emphasize something that can be changed, focus on the behavior not the person, and include both positive comments and something to improve.
- At the end of each role-play, roles will switch so that everyone will have a chance to be a counselor, client and observer two times (one pre-test and one post-test).

Pre-and Post-Test Counseling Role-Plays

Client A

Name: Give your client an appropriate name for your country.

Sex: Female

Age: 27 years old

Family status: Married with four children ages nine, seven, four and two

Religion: Give your client a religion appropriate for your country

Where you live: A small town located on a major road that leads to a large city 40 kilometers away

Education: No formal education

Work: Agricultural. Works in fields with family. Sells seasonal fruit at big weekly market in large city.

Sexual history and behaviors: You have had only one partner, your husband.

Why you came to be tested: You know your husband has been cheating on you, even with some of your friends. You've gotten gonorrhea from him in the past

What you know about HIV/AIDS and testing: You know AIDS can kill. You know you can get it from sex. You don't understand the difference between HIV and AIDS. You have heard that condoms protect against AIDS. You do not know anything about the testing process.

Risk-reduction preferences: Your husband became extremely upset when you suggested he wear condoms after you were treated for gonorrhea. He says you are looking for problems, and how does he know it isn't you that gave it to him?

Consent issues and current support networks: You are very nervous about taking the HIV test. It may create more problems for you, especially if your husband finds out you came to the clinic. As for support, your mother and two sisters live in the large city close by and you see them weekly when you come to the big market day. Your older sister lives in your town, but you don't feel you can always talk to her about matters such as these.

Your response if positive: You are extremely upset. You feel completely isolated and unsupported. You are initially unable to focus on anything.

Your response if negative: You are so happy that you swear off having sex with your husband and plan to leave him.

Pre-and Post-Test Counseling Role-Plays

Client B

Name: Give your client an appropriate name for your country.

Sex: Male

Age: 36 years old

Religion: Give your client a religion appropriate for your country

Family status: Married, no children with current wife. You and your wife have tried to have children, but cannot. You have a son, age 15, from a previous relationship.

Where you live: Large city

Education: Completed grade school

Work: In the military

Sexual history and behaviors: You see commercial sex workers on occasion. Your wife doesn't know about this.

Why you came to be tested: You are concerned that one of the commercial sex workers you visit has AIDS. You think your wife is having an affair.

What you know about HIV/AIDS and testing: You know AIDS can kill a person and that people with AIDS get sick from a variety of illnesses before they die. You know HIV and AIDS are different, but you are not sure why they are different and how they work in the body. You don't know much about the testing process.

Risk reduction preferences: You don't like the feel of condoms, but you could be persuaded to use them sometimes, but definitely not all of the time. You could be convinced of seeing fewer commercial sex workers, although not less often.

Consent issues and current support networks: You are willing to consent to the HIV test, but you want assurance that your results are private and that you get to choose how to handle what to do with the information. You are not concerned about support networks; you feel you have taken care of yourself for a long time. If you ever needed anything, though, your brother-in-law could be counted on.

Your response if positive: You are defensive, you question the validity of the test, and you don't want to tell your wife. You are contained—not angry, but somewhat anxious and frustrated.

Your response if negative: You feel very grateful, but still not sure how you want to handle the situation with your wife.

Pre-and Post-Test Counseling Role-Plays

Client C

Name: Give your client an appropriate name for your country

Sex: Male

Age: 23 years old

Religion: Give your client an appropriate religion for your country

Family status: Single, no children

Where you live: Capital city

Education: University educated

Work: Work with a development organization handling their logistics

Sexual history and behaviors: You have about four monogamous relationships a year. You have been sexually active since you were 17 years old. You use condoms in the beginning of the relationship, but you stop when you begin to know, trust and see only that partner.

Why you came to be tested: Your friends have been talking about being tested. One of them works at a medical center and says he sees more and more people with AIDS coming to the center. Your current girlfriend said she gets tested with every new relationship and wants you to get tested.

What you know about HIV/AIDS and testing: You know a lot about HIV and AIDS. You know it can be transmitted through unprotected sex. You know that HIV is a virus that attacks the immune system and that AIDS happens later and is what ultimately results in death. You don't know that much about testing and you don't know anything about the window period.

Risk reduction preferences: You feel like you have been doing the right thing; you are not sure what else you could do. You definitely don't want to wear condoms all of the time.

Consent issues and current support networks: You want to be sure the test results won't be given to anyone, especially your partners. You live with your aunt and her family in the capital. She raised you and is like your mother. You and your cousin are very close and you feel you can talk to him about anything.

Your response if your result is positive: You are numb, unable to talk and engage in a conversation. You are experiencing the news by withdrawing, which is a form of crisis behavior.

Your response if your result is negative: You were confident that it would be negative. You begin to not listen to the counselor.

PERFORMANCE CHECKLIST

Counseling Skills	Check if Used/Comments or Examples
1. Building Trust	
• Affirming	
• Attending and Listening	
• Reflecting Feelings	
• Third Person or Impersonal Statements	
2. Assessing/Exploring	
• Open-Ended Questions	
• Polite Imperatives	
• Silence	
3. Understanding and Being Understood	
• Specific or Probing Questions	
• Reflecting Content/Paraphrasing	
• Giving Information Simply	
• Reframing	
4. Determining Action	
• Exploring Barriers	
• Identifying Strategies	
• Exploring Outcomes	
• Summarizing Plan	

Pre-Test Counseling	Check if Used/Comments or Examples
1. Introduce Client to the Process	
• Greet and affirm	
• Identify yourself	
• State time available for counseling	
• Stress confidentiality	
2. Obtain Client Information	
• Obtain name or code name.	
• Obtain relevant medical/testing history	
3. Assess Knowledge of HIV/AIDS	
• Find out what prompted client to come	
• Assess the client's knowledge of HIV/AIDS	
4. Explain Positive and Negative Results	
• Assess the client's understanding	
• Explain what positive and negative results mean	
• Explore the personal implications	
• Provide opportunity for questions	
5. Create a Risk Reduction Plan	
• Determine risky behaviors: obtain sexual history	
• Assess costs and benefits of behaviors and reduction	
• Explore successes and abilities	
• Identify barriers and strategies to overcome	
• Create a risk reduction plan	
6. Obtain Informed Consent and Identify Support	
• Explain how the test is administered	
• Explore possible support mechanisms	
• Obtain and explain informed consent	
• Arrange post-test counseling	

Post-Test Counseling HIV Positive	Check if Used/Comments or Examples
1. Assess Client Readiness	
• Ask whether client is ready to receive results	
• Ask whether client understands results	
2. Give Test Results	
• Give results in a calm and quiet setting	
• Assess understanding of results	
• Allow for questions	
• Assess client's emotional state	
3. Counsel Client on Positive Living	
• Assess client needs: economic, psychosocial and medical	
• Provide information and referrals on healthy living and nutrition	
• Provide information and referrals on opportunistic infections and treatment options	
• Create a positive living plan with client	
4. Create or Alter Risk Reduction Plan	
• Revisit/review pre-test risk reduction plan	
• Alter if requested by the client	
• Offer condom demonstration/education	
• Encourage partner notification	
• Offer partner negotiation skills building	
• Discuss family planning	
5. Close Counseling Session	
• Summarize plans for positive living and risk reduction	
• Provide specific referral information	
• Provide additional counseling if requested	
• Close session	

Post-Test Counseling HIV Negative	Check if used/Comments or Examples
1. Assess Client Readiness	
• Ask whether client is ready to receive results	
• Ask whether client understands results	
2. Give Test Results	
• Give results in a calm and quiet setting	
• Assess understanding of results	
• Allow for questions	
• Assess client's emotional state	
3. Counsel Client on Window Period and Re-Testing	
• Provide info on window and re-testing	
• Assess need for re-testing	
• Create risk reduction plan for window period	
4. Create or Alter Risk Reduction Plan	
• Review pre-test risk-reduction plan	
• Alter plan if requested by the client	
• Offer condom demonstration and education	
• Encourage partner notification	
• Offer partner negotiation skills building	
• Discuss family planning	
5. Close Counseling Session	
• Summarize plan risk reduction	
• Provide specific referral information	
• Provide additional counseling if requested	
• Close session	

SESSION 16: HANDLING POSITIVE TEST RESULTS

HIV-POSITIVE RESULTS WORKSHEET

What is your biggest fear about giving a positive result?

What do you wish you could do for the client?

What is the best thing that you think you can do to prepare for giving the result?

Do you want other counselors to know (if applicable) when you have to give a client an HIV positive result? Do you want them to give you any kind of support during the session? After the session?

Is there any other information you need to review about HIV/AIDS or positive living?

CRISIS COUNSELING MODEL WORKSHEET

Here are skills and techniques for dealing with clients experiencing emotional distress, whether it is from a positive or a negative test result. For instance, a client may be negative, but she came to be tested because she was sexually assaulted or raped. Many of these skills were introduced in the Counseling Skills session. The questions asked or statements may be different according to the situation and the needs of the client.

Express support and reflect feelings: State clearly that you want to help and that you can talk about how the client is feeling. Use open-ended questions to elicit more about the client's feelings while giving permission to the client to express his or her feelings. Use reflection statements to mirror those feelings back to the client:

Example: *I'm here to help you. Could you tell me more about what you are feeling? It's okay to tell me about how you are feeling. Would that be helpful for you right now?*

Assess the client's state regarding self-control and decision-making: Determine whether the client is able to make decisions or if he or she gives the impression of not being in control or of feeling helpless.

Example: *What can you do right now to get yourself under control?*

Help the client get control: Depending on the client's state of mind, give the client an assignment if necessary to help them regain control. Usually this is a small task, such as getting a drink of water, or as simple as taking a deep breath. Repeat information throughout the session if the client is in denial or is too distressed to understand what is being said.

Example: *Take a deep breath. Now let it out slowly. I want to help you, but first it may be helpful to relax.*

Clarify/determine what the crisis is: Help the client to identify what is the most troubling issue for them at this time.

Example: *What is the hardest part of this news for you?*

Work on one aspect of the crisis: Focus on what you can do to help the client and what others can do to help. Do not use clichés such as: “Don’t worry. Everything will be fine.”

Example: *Let’s work on one step at a time.*

Identify strategies for emotional support: Use open-ended questions to help the client identify resources he or she may not have thought of.

Example: *To whom have you turned in the past when you had something difficult to deal with? Can you talk to your partner or a family member about this?*

Create a next step plan and offer referrals: Work with the client to identify the next step he or she plans to take that day. If a real risk of suicide exists, have local resources available to help you take all precautions necessary. Provide useful referrals to the client that include local, regional and national organizations. This may include crisis or counseling services or support groups.

Example: *Here are two resources in your regional capital that may be able to help you.*

SESSION 18: IDENTIFYING RESOURCES AND MAKING REFERRALS

DEFINITION OF REFERRAL

In the context of voluntary counseling and testing, referral is the process by which immediate client needs for prevention, care and support services are assessed and prioritized and clients provided with assistance (e.g., setting up appointments, providing transportation) to access these services. Referral should also include the basic follow-up efforts necessary to facilitate initial contact with care and support service providers

WHO SHOULD RECEIVE A REFERRAL

Clients who:

- Have complex needs that affect their ability to adopt and sustain behaviors
- Need medical evaluation, care and treatment
- Are HIV-positive pregnant women
- Are addicted to drugs and/or alcohol
- Have mental illnesses, developmental disabilities or difficulty coping with an HIV diagnosis or HIV-related illnesses
- Need legal services to prevent discrimination in employment, housing or public accommodation.
- Require individual counseling
- Require relationship counseling
- Need family counseling
- Need spiritual counseling
- Require access to social services
- Need assistance with housing, food, employment, transportation, child care or domestic violence

STEPS TO A SUCCESSFUL REFERRAL

- Work with clients to decide what their immediate referral needs may be. Service referrals that match the client's self-identified priority needs are most likely to be successfully completed.
- Outline the various health and social service options available and help the client to choose the most suitable, in terms of distance, cost, client's culture, language, gender, sexual orientation, age and developmental level.
- In consultation with the client, identify key factors likely to influence a client's ability to adopt or sustain new behaviors. This assessment should include examination of the client's willingness and ability to accept and complete a referral. In consultation with the client, also assess what factors may make it difficult for the client to complete the referral (e.g. lack of transportation or childcare, work schedule, cost) and address them.
- Determine whether the client should be referred to clinical or community support groups. This decision will depend on the needs of the client and on the client's responsiveness to counseling.
- Inform the client of the possible need to move from anonymity to confidentiality, depending on the type of referral indicated.
- Make a note of the referral in the client's file. Ensure follow-up and monitor the referral process.
- Give the client a list of other potentially useful services with addresses, telephone numbers and hours of operation.
- Ask the client to give feedback on the quality of services to which he or she is referred.

- Be aware of community support groups located near the counseling site, services offered, hours of operation and contact persons.
- It is useful to always use referral forms (see a sample below) and to write the referral information to the client on another separate piece of paper.
- In certain cases, it may be more appropriate to refer clients to a member of their family, a friend or a sexual partner.

SAMPLE REFERRAL FORM

VCT SERVICE REQUEST FOR REFERRAL

1. CODE NUMBER OF CLIENT

2. DATE OF FIRST ATTENDANCE AT OUR CENTER

3. REFERRAL DATE

4. REASON FOR REFERRAL (Please tick)

Medical Services _____

Social Services _____

Legal Services _____

Orphan Services _____

Family Planning Services _____

STI Services _____

Other support services (specify) _____

5. REFERRED TO (Name of service)

6. REFERRED BY (Counselor name)

Thank you

Respectfully

Signed: Counselor

ELEMENTS OF A GOOD REFERRAL

- Information is clear, specific and up-to-date.
- Confidentiality is preserved.
- Referral services are safe and easily accessed.
- The referral uses a multi-sectoral approach.

- Client receives several options.
- The counselor and the services to which clients are referred create a system for clear communication.
- Practices of service providers are not discriminatory.
- Referral and follow-up are documented.

RESOURCE AND REFERRAL LIST

Name of Organization:

Address:

Phone Number:

Contact Person(s):

Population Served:

Services Available:

Hours of Operation:

Fees:

Name of Organization:

Address:

Phone Number:

Contact Person(s):

Population Served:

Services Available:

Hours of Operation:

Fees:

Name of Organization:

Address:

Phone Number:

Contact Person(s):

Population Served:

Services Available:

Hours of Operation:

Fees:

RESOURCE AND REFERRAL ACTION PLAN

- VCT clinics provide a great opportunity to connect clients with the follow-up services they need. A resource and referral list is a valuable tool for any VCT counselor.
- A referral and resource list should include information about local medical and hospital services, economic support services, psychological support services, support groups, hospice/client care programs and prevention/education programs. In

developing this list, the VCT counselor should be familiar with the services available, how the organization/individual operates and the quality of service or care the client can expect.

- Outline how you plan to gather information about the different organizations/individuals and the services they offer.
- For the first step, identify potential organizations/individuals to use for your resource and referral list from the following areas:
 - Local medical and hospital services
 - Economic support services
 - Psychological support services
 - Support groups
 - Hospice/client care programs
 - Prevention/education programs

ADDITIONAL INFORMATION

Important Community Links

VCT services are most effective when they are linked to a wide range of prevention, care and support services for people following testing. Creating these linkages will build a referral network that should include the following services:

- HIV prevention services
- TB services
- Antenatal services, including prevention of mother-to-child transmission (MTCT) programs
- STI services
- Family planning
- Home-based care
- Counseling and support for orphans and vulnerable children and children affected by AIDS (OVC/CAA)
- Legal services, AIDS support organizations and community-based support
- Community based organizations/services for target groups
- Youth clubs/youth services
- Injecting drug user (IDU) services
- Sex worker services
- Churches/faith-based organizations
- PHLA support groups and post-test clubs

HIV prevention services

- It is essential to provide HIV prevention services to people following VCT.
- At a minimum, these services should provide condoms and education on how to use them. It is preferable to have both male and female condoms available. If the service is not able to supply large quantities of condoms, counselors should know where they can be obtained free of charge or bought cheaply.
- HIV prevention services should also include counseling on other risk reduction measures, such as reducing number of partners, having longer monogamous relationships with fewer partners, and getting tested and treated for STIs.
- Advice on safe injecting should be available if the target groups, include injection drug users.

SESSION 19: ETHICS IN COUNSELING AND THE PRACTICUM

ETHICS DISCUSSION QUESTIONS

- What are some of the ethical principles that guide or will guide your counseling practice regarding confidentiality and informed consent? What do those terms mean to you for your counseling activities? Do you make exceptions? What are the exceptions?
- Why has HIV/AIDS become a human rights issue? What human rights abuses or injustices are happening in the town where you live? At the clinic where you work? In your country? What should be done about these injustices or abuses, in your opinion?
- What are some of the ethical principles that guide or will guide your counseling practice regarding personal conduct (professional behavior) and integrity (regarding sexual relationships with clients)? What types of disciplinary measures are in place where you work or plan to work?

ETHICS QUESTION AND ANSWER SHEET

- How have the government and other organizations dealt with counteracting discrimination against people living with HIV/AIDS?
- Are legal and ethical guidelines available to personnel working in the HIV/AIDS field? If so, what are they and where can they be obtained?
- In this country, where can PLHA go for assistance and advice about the legal aspects of HIV/AIDS?
- What are the legal consequences of breach of confidentiality?
- What constitutes "consent"?
- What constitutes consent in the context of pre-test counseling (age requirements for consent, who can consent)?
- Under what circumstances is consent not needed?
- Is pre-employment testing discriminatory? Legal? Illegal?
- Is HIV/AIDS testing before college acceptance mandatory?
- To what resources do employees have access if they feel they have been treated unfairly because of their HIV status?

Case Studies: Group 1

You are the manager of a VCT site. You notice one of your staff members has not been performing well. This person has been sleeping on duty, reports for work smelling of beer and looks untidy.

- What are the legal and ethical issues in this case?
- How do you respond?

You are supervising a counselor in training under the MOH training program. He is in the second week of the course. On observing his sessions, you are very concerned about his abilities. He is advising clients on what to do and is very judgmental in his comments to clients.

- What are the legal and ethical issues in this case?
- How do you respond?

Case Studies: Group 2

Mrs. M hired a domestic worker, Vera, on a three-month trial basis. Vera takes care of cleaning the house, does some meal preparation and helps take care of Mrs. M's three-month old baby. At the end of the three-month period Mrs. M asks Vera to get tested for HIV. Vera refuses, and therefore Mrs. M dismisses Vera from her job.

- What are the legal and ethical issues in this case?
- What are Vera's rights? What are Mrs. M's rights?
- If you were a lawyer, how would you handle Vera's situation? How would you handle Mrs. M's situation?

Geremie is a state nurse. He has recently found out he is HIV positive. He has no symptoms of AIDS. He works in a rural clinic that serves a population of 20,000. He often gets small cuts and abrasions on his hands doing his work. He comes into contact with the blood of clients on a daily basis. He helps the midwives handle difficult births.

- What are the legal and ethical issues in this case?
- What are his rights? What are the rights of the clients coming to the clinic?
- What measures does he need to take to ensure the protection and safety of his clients? Who should pay for the costs of those measures?

Case Studies: Group 3

You are conducting a counseling session with a male client who has received a positive test result. He is extremely anxious and defensive. He has told you he has many partners and is married. His wife does not know about his other relationships. He refuses to tell her about his HIV status and about his other relationships. He tells you that she is probably already infected and that informing her or getting her tested would only add to his stress at this time. He says, "What's the point of letting her know the test results? It would only cause her extreme agony. Also, I don't know how she is going to handle knowing I have had sexual relations outside of our marriage. It would mean the end of our marriage and the break up of our family. I can't handle that on top of my positive test result."

- What are the legal and ethical issues in this case?
- How do you respond?

- What are the rights of the client? What are the rights of the wife?
- What are your obligations as his counselor?

Case Studies: Group 4

A 15-year-old girl from a nearby high school came to you in confidence for counseling and testing two weeks ago. She told you that she has been sleeping with a teacher who threatened to hold her back if she did not have sexual relations with him. She told you that if you informed anyone, she would not come back for the test results.

- What are the legal and ethical issues in this case?
- What are her rights? What are the rights of her parents or guardians?
- What are you going to tell your client?
- How do you handle the situation?

An 18-year-old girl from a nearby high school came to you in confidence for counseling and testing two weeks ago. In that session, the girl said clearly that if her test results were positive, she would kill herself. You are giving her the results today, and they are positive.

- What are the legal and ethical issues in this case?
- What are her rights? What are the rights of her parents or guardians?
- What are you going to tell your client?
- How do you handle the situation?

PRACTICUM OBJECTIVES

Build and Assess Counseling Skills: Shadow an experienced counselor for at least ____ hours at a VCT clinic or site. Conduct at least ____ hours of counseling sessions after at least ____ hours of shadowing. Use Performance Checklist as a tool for self-assessment or assessment by the supervising counselor at the clinic. Identify areas for improvement with supervisor and through self-assessment.

Develop a Resource and Referral List: Identify at least three resources or places to use as referrals in your area. Use the Resource and Referral Sheet for each resource or place. Include medical, psychosocial, economic, prevention and education services.

Work with a Support Group: Take steps during the practicum to establish contact with an existing support group or create a new support group.

Prepare a Case Study: Prepare and present a case study using the practicum counseling session with a client. Use counseling session transcripts or recordings (with client consent), the client's file and a Performance Checklist as resources for preparing the case study. In preparing the case study, remember confidentiality issues. Use the Presenter's Guidelines in your Participant's Manual when preparing the presentation.

PRACTICUM CALENDAR

Include activities for the following objectives: case study preparation, counseling skills building and assessment, resource and referral development, and support group work. Use the calendar as a guide; do not feel pressured to stick to this schedule if you are unable. Use only the days needed for your practicum.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<i>Example: Meet Supervisor</i>					
						<i>Example: Visit medical center</i>

Client Information

Client Name: First only or a fictional name to protect confidentiality

Sex:

Age:

Religion:

Family status:

Where client lives:

Education:

Work:

Counseling Session Information

Why client came to be tested:

Client knowledge about HIV/AIDS and testing:

Information given to client regarding HIV/AIDS and testing:

Sexual history and behaviors:

Pre-test risk reduction plan:

Consent issues and current support networks:

Post-test plan if positive:

Post-test plan if negative:

Client's emotional state pre-test:

Client's emotional state post-test:

Counseling skills used pre-test:

Counseling skills used post-test:

Counselor Self-assessment

Biggest challenge with this client:

What I felt I did best during this session:

What I would have done differently during this session:

SESSION 21: PRACTICUM CASE STUDY PRESENTATIONS

CASE STUDY PRESENTATION CRITERIA

Did the presenter describe the challenge(s) he or she had with the client?

Did the presenter identify what he or she did well during the session?

Did the presenter identify an area for improvement?

What do you feel the presenter did well in preparing and presenting the case study?

What feedback do you have for this presenter?

SESSION 22: SPECIAL NEEDS POPULATIONS

PREPARED QUESTIONS FOR SPECIAL NEEDS PANEL

- What needs would you consider to be unique to the population or group you are representing for us today?
- Do you belong to a support group? What types of activities does the group engage in? What do you enjoy or receive by belonging to the group?
- What are some good programs or organizations that provide education or services for the group you represent?
- Which of these programs exists in the various regions of this country?

SPECIAL NEEDS CASE STUDIES

Case Study #1: Youth

Jean is a 17-year-old male. He did not finish grade school. He works as a mechanic with his uncle in a large town outside of a major city. He is Catholic and occasionally attends Mass with his family on Sundays. Jean's uncle gives Jean's father most of the money Jean earns, and Jean receives a small amount. Jean began having sex last year. He has had four partners in the last year. He does not believe he has much risk of getting HIV/AIDS because he dates one girl at a time. His girlfriends are young as well, and he doesn't think they have had that many partners. Jean does not have conversations about sex with his partners.

Jean is skeptical about VCT clinics. There is a clinic in the city close to his town. He doesn't trust that they will keep his results confidential if he does test. He also is unsure of what his family would do if they heard he was at the VCT clinic. He has not discussed his sexual behavior with family members.

Jean is experimenting with sex and hasn't used a condom. He has started drinking alcohol socially. He drinks with his friends, and they talk about sex. This is where he gets much of his information and misinformation about sex. He does know people who have died of AIDS, including an uncle and a family friend.

Discuss the following questions:

- What is the best way for getting information about HIV/AIDS and STIs to Jean?
- What can the VCT clinic in Jean's area do to encourage youth to get tested or to get information?
- What can you do as a counselor to get Jean to visit a clinic?
- What can you do as a counselor to address Jean's concerns about confidentiality?
- What are the laws in your country regarding the legal age of consent for testing?
- How do these laws apply to Jean's situation?
- What risk reduction strategies would be most appropriate and realistic for Jean?
- What steps could you take to start a support group for youth in your area?

Additional Activity: Youth

Exercise: Imagine that your 13-year-old daughter has approached you to request permission to go for VCT at the local center.

What is your immediate reaction/first thought to what she has told you? How do you respond?

Role-play this scenario.

Exercise: A young couple age 14 and 15 years old come to you for counseling. They are planning to start a sexual relationship and wish to know their serostatus and to have counseling. They are not married. The boy has had other sexual partners. The girl states that she is a virgin. She would also like to know about family planning and condoms.

What are the issues? How do you respond to this couple?

Take turns role-playing each of the characters. Then discuss your experiences as each character.

- What was helpful from each of the counselors?
- What was most difficult as a counselor?
- How did you feel as the young person?
- What did you like/not like about the counselor's responses?

Exercise: Identify the range of potential barriers that young people may experience in accessing VCT services. Discuss strategies to address these barriers.

Case Study #2: HIV-Positive Pregnant Women

Joy is a 30-year-old female. She has had no formal education. She is pregnant with her fourth child. She lives in a small rural village 100 kilometers from a VCT clinic and 20 kilometers away from a health clinic that has a state nurse. Joy's husband is HIV positive and has AIDS. He is her only sexual partner. He travels to a neighboring country to do agricultural work for half the year. This year he may be too sick to travel. One of her three children has HIV.

She lives near her husband's brother's family in his village. He has other family members in the neighboring village. Her husband's family knows he is sick and thinks he has AIDS, although he has never been tested. Joy suspects that she has it and is concerned about her children, but is not sure of their status. Her husband's family continues to visit, but has asked that Joy and her family not come to their compound because they do not want their children to catch his sicknesses. They occasionally help by bringing meals over, but they are barely able to provide for themselves.

Discuss the following questions:

- What is the best way for getting information about HIV/AIDS to Joy?
- What can the VCT clinic in Joy's area do to encourage women, particularly pregnant women, to obtain testing and information?
- What can you do as a counselor to get Joy to visit a clinic?
- What type of information and services can your VCT clinic provide to Joy and her family?
- What risk-reduction and positive-living strategies would be most appropriate and realistic for Joy?
- What steps could you take to start a support group for HIV-positive pregnant women in your area?

Additional Activity: HIV-Positive Pregnant Women

- Perform role-plays based on the following case:

A young pregnant woman enters the clinic to have an HIV test. She expresses fear that her partner is involved with other women and states that he refuses to use a condom when they have sexual relations. She says that he becomes very agitated and angry when she mentions the use of a condom. She also confesses that he has hit her in the past for other reasons. She expresses concern that she wants to protect herself and yet does not feel she has any other option but to have sex without a condom.

- Brainstorm on how you would proceed in working with this woman. Address issues related to her pregnancy.

Case Study #3: Parents or Caretakers of HIV-Positive Children

Anna is a 50-year-old female. She has had no formal education. She is the grandmother and caretaker of two of her daughter's HIV-positive children—six-year-old Elizabeth and three-year-old George. Helene, Anna's daughter and the children's mother, died of AIDS two months ago. Their father died of AIDS last year. Helene's two older children who do not have HIV have gone to live with Anna's other daughter.

Anna lives in a large city that has a VCT clinic, several primary care clinics and a large hospital. She moved there ten years ago to be with her sister after her sister's husband died. Anna's husband lives with her and her sister. He has a small food stand in the market. The three of them live modestly on his income from the food stand and on income that Anna makes from selling seasonal fruits by the side of the road. They are very active in their church.

Anna knows the status of her daughter's children. Helen's sister took them all to be tested three months ago when Helen became very sick. Anna agreed to take the two children who are positive, but knows very little about HIV/AIDS.

Discuss the following questions:

- What is the best way to get information about HIV/AIDS and positive living to Anna?
- What can you do as a counselor to get Anna to visit a clinic and get more information?
- What types of information and services can your VCT clinic provide to Anna and her family?
- What steps could you take to start a support group for caretakers of HIV-positive children in your area?

Additional Activity: Parents or Caretakers of HIV-Positive Children

Discuss the specific challenges that are faced by parents and guardians of HIV-positive children and what services the VCT center could refer them to.

Case Study #4: Couples

Moussa and Awa are married. Moussa is 37 years old; Awa is 29 years old. They have two children who are four and six years old. Moussa works in a post office. He has a high school education and attended a school for civil servants. They live in a large town that has a large medial center. There is a VCT clinic 100 kilometers away in the capital.

Moussa is seeing a 25-year-old woman, Fatou, whom he plans to ask to be his second wife. She is a teacher and has one child. Both Moussa and Fatou have had one or two partners a year over the last five years. One of Moussa's past partners is HIV positive. Moussa is not aware of this. Both Fatou and Moussa have had a STI and have been treated for it. They began having unprotected sex last month. Awa does not have any other partners, but had one before marrying Moussa seven years ago.

Fatou has suggested to Moussa that they get tested together for STIs and HIV/AIDS. Moussa became verbally abusive when she first brought it up. Moussa's friends at the mosque have mentioned testing and are not sure what purpose it serves. Moussa's sister is a trained midwife at the medical center.

Discuss the following questions:

- What is the best way to get information about HIV/AIDS and STIs to Moussa and Fatou?
- What can you do as a counselor to get Moussa and Fatou to visit a clinic and get tested?
- What type of information and services can your VCT clinic provide to Moussa and Fatou?
- How would you counsel them on risk reduction if both were negative? Positive? Moussa positive and Fatou negative? Fatou positive and Moussa negative?
- What steps could you take to start a support group for positive and sero-discordant couples in your area?

Additional Activity: Couples

Conduct a role-play:

- Each group will identify a counselor, two participants to act as the couple and at least one observer.

- The counselor will first meet with the couple separately to give them their results. Both partners are positive, and their nine-month-old infant has tested positive.
- The counselor will then meet with the couple together and help develop a plan for the next few days. The female partner is very downhearted, and the male partner refuses to acknowledge his result.
- The counselor should incorporate all of the counseling tools she or he has learned.
- Following the counseling session, there will be brief time for feedback, with the counselor express feelings first, followed by the client. The observers will give feedback to the counselor last.
- Once the role-play is completed, the observers will take the place of the client and counselor and be observed by the other two in the group.
- All of the participants should take a turn playing the role of counselor.

Additional Activity for the Whole Participant Group If Time Permits:

Case Study 1

An 11-year-old girl comes into the clinic to receive her HIV test results. Her mother accompanies her. The test results are negative. In the previous session, the mother explained that an uncle, who is HIV positive, had sexually abused the girl. The mother states that they have been living with the uncle ever since her husband died and cannot afford to move anywhere else. In a private session with the girl, the counselor learns that the abuse has continued and that the girl's uncle has said that she must continue to have sex with him while they are living in the house.

The group answers the following questions:

Question 1: What ethical and legal issues are involved in this situation?

Question 2: How should the counseling process continue?

Case Study 2

A 16-year-old young man enters the clinic seeking testing. He is not accompanied by his parents and says that he does not want them to know he is taking the test. He tells the counselor that he has been sexually active for the past three years and recently had sexual intercourse with another young man.

The group answers the following questions:

Question 1: What ethical and legal issues are involved in this situation?

Question 2: How should the counseling process continue?

All participants return to one large group and share the issues involved in both cases. Participants should identify the issues that are beyond the scope of VCT.

SAMPLE ACTION PLAN

An action plan is a tool to help you identify the steps and timeline for a particular activity and/or objective.

Step #1

The first step in creating an action plan is to define the objective and/or activity.

Example:

Objective: Create a support group for HIV-positive pregnant women who live in the town of Petit Ville and surrounding villages so that these women give each other psychosocial support and health and nutrition information.

Activity: Conduct a needs assessment to find out how to reach these women, if they are interested and what they would want from a support group.

Step #2

The next step is to create a list of all the steps that need to take place in order for the activity to happen. The steps do not need to be in order at this time, and you may decide ultimately not to use all of the steps and ideas that you write down.

Example:

- Hold a meeting with VCT clinic staff to discuss their role in assessing what is needed for a support group.
- Hold a meeting with medical center staff to discuss their role in assessing what is needed for a support group.
- Visit the leader of the town women's group and leaders in surrounding villages.
- Visit the head of Social Development for this department or region.
- Create a list of questions or discussion ideas for each of these meetings.
- Create and include support group needs assessment questions as part of post-test counseling for HIV-positive pregnant women at VCT clinics.
- Present support group idea to staff supervisor and seek permission to work on the needs assessment in addition to your other duties at clinic.

Step #3

Decide which ideas you want to keep and put them in order.

Example:

- Present support group idea to staff supervisor and seek permission to work on needs assessment in addition to your other duties at clinic.
- Create a list of questions or discussion ideas for meeting with VCT clinic staff.
- Hold a meeting with VCT clinic staff to discuss their role in the needs assessment and the support group.
- Create and include support group needs assessment questions as part of post-test counseling for HIV-positive pregnant women at VCT clinics.

Step #4

Create sub-steps for each step.

Example:

- Present support group idea to staff supervisor and seek permission to work on needs assessment in addition to your other duties at clinic.
 - Share the action plan created during training with your supervisor.
 - Request written permission to work on needs assessment.
- Create a list of questions or discussion ideas for meetings with VCT clinic staff.
 - Brainstorm ideas for each meeting.
 - Create a different finished list for each meeting.
 - Review questions with supervisor.
 - Create a meeting agenda for each meeting. Get ideas from some VCT staff and medical center staff members.
- Hold a meeting with VCT clinic staff to discuss their role in conducting needs the assessment and to discuss ideas for the support group.
 - Establish a date and time for the meeting with supervisor and/or head of VCT clinic.
 - Secure a meeting place for the date and time of meeting.
 - Prepare or meeting notes.
- Create and include support group needs assessment questions as part of post-test counseling for HIV-positive pregnant women at VCT clinics.
 - Discuss needs assessment questions at the meeting with VCT staff.
 - Integrate needs assessment questions into the performance checklist or steps form.
 - Train staff to include the needs assessment questions for support group.
 - Test questions on a few clients, then revise if necessary.

Step #5

Add dates, times and resources needed for completing steps and sub-steps even though they might change once you start discussing the steps with other people. Some of you may be able to conduct a needs assessment in three days; for others, it may take three weeks or three months. The goal is to push forward in a realistic manner without losing sight of the goal or objective.

SAMPLE ACTION PLAN

Objective: Create a support group for HIV-positive pregnant women who live in the town of Petit Ville and surrounding villages so that these women give each other psychosocial support and health and nutrition information.

Activity: Conduct a needs assessment to find out how to reach these women, if they are interested and what they want from a support group.

Action Steps and Sub-Steps	Timeline	Resources
<ul style="list-style-type: none"> Present support group idea to staff supervisor and seek permission to work on needs assessment in addition to other duties at clinic. Share action plan created during training with supervisor. Request written permission to work on needs assessment. 	By 8/15 By 8/15 By 8/15	Action plan, meeting time and place
<ul style="list-style-type: none"> Create a list of questions or discussion ideas for meeting with VCT clinic staff. Brainstorm ideas for meeting. Create a finished list for meeting. Review questions with supervisor. Create a meeting agenda. Get ideas from other VCT staff and supervisor. 	By 8/30 By 8/17 By 8/20 By 8/25 By 8/27	Paper, pen, VCT Reference Guide and notes from last meeting
<ul style="list-style-type: none"> Hold a meeting with VCT clinic staff to discuss their role in conducting a needs assessment and ideas for the support group. Establish a date and time for the meeting with supervisor and/or head of VCT clinic. Secure a meeting place for the date and time of meeting. Prepare chalkboard or meeting handouts. 	By 9/15 By 8/30 By 8/30 By 8/30	Meeting place, chalkboard and meeting handouts
<ul style="list-style-type: none"> Create and include support group needs assessment questions as part of post-test counseling for HIV-positive pregnant women at VCT clinics. Discuss needs assessment questions at meeting with VCT staff. Integrate needs assessment questions into performance checklist or steps form. Train staff to include needs assessment questions for support group. Test questions on a few clients, then revise if necessary. 	By 10/1 By 9/15 By 9/20 By 9/25 By 10/1	Revised Post-Test Counseling Steps Guide and Performance Checklist with needs assessment questions added

Step #1

The first step in creating an action plan is to define the objective and/or activity.

Objective:

Activity:

Step #2

The next step is to create a list of all of the steps that need to take place in order for the activity to happen. The steps do not need to be in order at this time, and you may decide not to use all of the steps and ideas you write down.

Step #3

Decide which ideas you want to keep and put them in order.

Step #4

Create sub-steps for each step.

Step #5

Add dates, times and resources needed for completing steps and sub-steps, even though they might change once you start discussing the steps with other people. Some of you may be able to conduct a needs assessment in three days; for others, it may take three weeks or three months. The goal is to push forward in a realistic manner without losing sight of the goal or objective.

[illegible]

SESSION 23: CHALLENGING SITUATIONS

CHALLENGING SITUATIONS WORKSHEET

Client background:

Client's emotional state:

Your emotional state:

What was challenging about this counseling session?

What skills, counseling or other, were useful or would be useful in this situation?

What did you do?

What would you do differently, if anything?

How did you feel about what happened?

How would you like to feel about what happened?

What would you like to discuss with your fellow participants?

SESSION 24: STRESS MANAGEMENT

WHAT IS STRESS AND WHAT IS BURNOUT?

- The term "stress" is used to refer to a number of things. However, stress commonly is defined as anything that stimulates an individual and increases his or her level of alertness.
- Stress often originates from an external event or circumstance that places a demand on an individual's inner or external resources.
- How stressful an event is felt to be depends partly on the individual's resources.
- If the demands on the person (e.g., disclosing an HIV-positive test result) exceed his or her ability to cope with them, the person experiences stress.
- "Burnout" is perhaps harder to identify, but it generally refers to a state some people reach when, over a protracted amount of time, the demands on them exceed their resources.
- Burnout has been described as a "physical, emotional, psychological and spiritual phenomenon, an experience of personal fatigue, alienation and failure." For people in the helping professions, burnout also has been described as a "progressive loss of idealism, energy and purpose."
- The term "burnout" evokes the image of a fire going out because it has used up all of the fuel or of the ashes left over after a fire. It is often correlated with the grief process, as grief may occur when a work-life dream is lost.

WHAT ARE THE STAGES OF BURNOUT?

- Burnout has four stages:
 - **First stage:** Physical, mental and emotional exhaustion
 - **Second stage:** Shame and doubt
 - **Third stage:** Cynicism and callousness
 - **Fourth stage:** A sense of failure, helplessness and crisis
- People who are suffering from burnout feel growing absence of personal accomplishment in their work.
- Some evidence also indicates that clients are able to identify when a counselor is burnt out.
- It is also documented that clients become dissatisfied and tend to be more critical of the "burnt-out" counselor's interventions and actions.

WHAT CAUSES OF STRESS AND BURNOUT DO MANY COUNSELORS EXPERIENCE?

NOTE: These causes of burnout are enumerated not to alarm you, but to warn you of the realistic stresses and strains that a counselor might face

- A strong sense of commitment
- Job stress
- Inadequate personal support
- Feelings of isolation and alienation
- Fear of HIV infection
- Experiences of ostracism and stigma
- Excessive identification with clients

- Involvement of client's family and loved ones in the counseling session
- Excessive work
- Heavy responsibilities
- Inadequate or diminishing resources to do the job
- Political pressures
- Client-related issues (e.g., difficulty of informing clients or their partners of test results, especially if they are HIV-positive or a discordant couple; conflict between counseling and giving advice; conflict between encouraging a client and giving false hope; and discouragement at a client's unwillingness to change risky behaviors)
- Boredom (i.e., clients continually entering the office, telling their stories, asking similar questions and expecting the counselor to do essentially the same thing)
- Strong negative emotions about clients' risky behaviors
- Feeling of lack of progress against HIV/AIDS epidemic

WHO BURNS OUT?

- Almost anyone can experience burnout. However, some people may be more likely to experience burnout than others. For example:
 - Highly committed individuals who hold high expectations of themselves.
 - Frontline workers, more than those behind the scenes. For example, nurses are more likely to suffer from burn-out than physicians.
 - Counselors

WHAT CAN COUNSELORS DO TO PREVENT BURNOUT?

- Ensure that an opportunity exists for individual, peer or group supervision or counseling (if available).
- Associate with committed, concerned colleagues who can help tell the counselor whether he or she is at risk of burnout and help analyze the situation and decide on corrective actions.
- Seek support from a partner, work team or work environment.
- Engage in self-assessment.
- Retain an attitude of hope.
- Make a commitment to periodically change by altering counseling style, getting different supervision, taking on new challenges, etc.
- Learning to accept what can be controlled and let go of what is not.

COUNSELING FOR THE COUNSELOR

- When feasible, counseling for counselors is recommended because evidence suggests "that counselors cannot hope to open doors for clients that they have not opened for themselves."
- Counselors can benefit from receiving counseling because, as they experience being a counseling client, they can:
 - Reconsider their motivation for wanting to be a counselor.
 - Find support as they struggle to be a professional.
 - Receive help in dealing with personal issues that are raised through interactions with clients.

STRATEGIES THAT COUNSELORS CAN USE TO COPE WITH STRESS AND BURNOUT

Counselors can use a number of coping strategies to deal with stress and burnout. These include:

- Adopting a healthy lifestyle
- Improving time management
- Changing the way they think (positive thinking or imagery-based techniques)
- Relaxation techniques
- Progressive muscular relaxation and deep breathing.
- Meditation

The techniques that counselors select depend on the cause of the stress and burnout and on the situations in which stress occurs. Therefore, counselors should be aware that in choosing a stress management technique, it is worth exploring where the stress is coming from. For example:

- If important events and relationship difficulties are causing stress, then a positive thinking or imagery-based technique (changing the way one thinks) may be useful.
- If stress and fatigue are long-term, then lifestyle and organizational changes (adopting a healthy life style and time management) may be appropriate.
- If the feeling of stress comes from within (anxiety, worries about client results or issues beyond one's control or anxiety based on one's own behavior), then relaxation techniques may be appropriate

STRESS MANAGEMENT PLAN

A VCT counselor's work comes with many challenges—too few resources, too many emotional and material demands, the stigma of working with HIV/AIDS and many others. At times these challenges can feel overwhelming, and as a result, you may feel your stress level rise.

Read Chapter 9 on Stress and Burnout in the VCT Reference Guide, and use it as a resource to complete this plan. It can help you:

- Identify the signs and symptoms you experience when feeling stressed.
- Identify strategies for adopting a healthy lifestyle, managing your time more effectively, and adopting new attitudes and perspectives.

I: Identify Signs and Symptoms of Stress

Physical

I experience these physical symptoms when I feel stressed:

-
-
-
-
-

Behavioral

I exhibit these behaviors when I feel stressed:

-
-
-
-

Cognitive

I begin to think this way when I feel stressed:

-
-
-
-

II. Create New Habits to Reduce Stress

Adopt a Healthier Lifestyle

Adopting a healthier lifestyle means creating new habits and letting go of old ones that are not healthy. Write a specific habit you plan to create or one you plan to drop for each of the following areas. It is important to keep balance in your life, which means creating time with family and friends that does not involve your work.

Eating: (Example: I will eat at least two fruits a day.)

Sleeping: (Example: I will go to sleep around 22:30 every night.)

Communicating: (Example: I will address something that frustrates me while it is happening or immediately after so I don't let it bother me later. I will write all of my frustrations and successes in a personal work journal.)

Physical Exercise and Recreation: (Example: I will play soccer on Sundays.)

Drinking/Smoking: (Example: I will drink no more than three beers when I go out on the weekends.)

Relationships: (Example: I will spend Saturdays with my husband and children doing something as a family.)

Manage Time More Effectively

Time is a resource that can be difficult to manage. When you don't feel in control of how you spend our time, you can begin to feel stressed and resentful. Planning is a great tool for time management and stress reduction. Allow for flexibility in planning so as not to increase your stress. Choose one or more of the following time management strategies, and write the date you will start using it.

- By this date _____, I will start making a daily task list and prioritize the things that have to be done first.
- By this date _____, I will start using a monthly calendar for meetings, appointments, projects and report deadlines.
- By this date _____, I will start saying "no" to too many demands on my schedule.
- By this date _____, I will start using action plans to break my work down into smaller, more manageable steps.
- Other:

Adopt a New Attitude

Occasionally, you will find yourself in a situation that you cannot change. This can become extremely frustrating and cause a great deal of stress. The one thing you can always control, however, is your attitude and how you perceive things. When you feel the need to adjust your attitude during a frustrating situation, try asking yourself any of the following questions:

- What exactly about this situation upsets me?
- What would it be like to feel peaceful about this situation?
- Where can I take control in this situation? (Usually you can begin with how you are reacting.)
- What would it feel like to let go of my anger or frustration in this situation? How would my body feel, and what would I think?

To Those Who Are Advocates for Sexually Healthy People

We are here to listen . . .not to work miracles.

We are here to provide honest information . . .not to tell them what we want them to think.

We are here to help them identify their alternatives . . .not decide what they should do.

We are here to discuss steps with them . . .not to take steps for them.

We are here to empower them to discover their own abilities . . .not to rescue them and leave them still vulnerable.

We are here to help them access resources . . .not to take responsibility for solving all of their problems.

We are here to care about their health and well being . . .not to judge them for their choices.

We are here to provide support for healthy decisions.

Borrowed from the American Social Health Association's CDC National AIDS/STD Hotline Training Manual, 2002.

SESSION 25: SELF-IMPROVEMENT GUIDE AND MONITORING, COUNSELOR SUPERVISION, AND QUALITY ASSURANCE

SELF-IMPROVEMENT GUIDE

Areas For Improvement

Areas/Skills that I need to improve and strategies for improvement:

Example: Risk Reduction Plans: I give advice too often and tell the client what to do.

Strategy: Role-play with supervisor on doing risk reduction plans using the Performance Checklist as a tool.

Strengths/Capacity Building

My strengths and how I can build on them and use them in other areas of my work:

Example: My organizational skills

Strategy: Introduce new and improved system for filing and patient flow.

Job Performance Management

Strategies for quality assurance and supervision:

Example: Have my supervisor sit in on one session a week the first few weeks of counseling, then move it to once a month. Use the Performance Checklist as a tool for feedback.

SELF-IMPROVEMENT ACTION PLAN

This is my three-month action for improving my skills, building on my strengths and managing my job performance. (Refer to the sample action plan in Session 22: Special Needs Populations.)

Step #1

The first step in creating an action plan is to define the objective and/or activity.

Objective:

Activity:

Step #2

The next step is to create a list of all of the steps that need to take place for the activity to happen. The steps do not need to be in order at this time, and you may decide not to use all of the steps and ideas that you write down.

Step #3

Decide which ideas you want to keep and put them in order.

Step #4

Create sub-steps for each step.

Step #5

Add dates, times and resources needed for completing steps and sub-steps even though they might change once you start discussing the steps with other people. The goal is to push forward in a realistic manner without losing sight of the goal or objective.

SESSION 26: ROLE-PLAY ASSESSMENTS

POST-TRAINING COUNSELING ROLE-PLAY ASSESSMENTS

Client A

Name: Give your client an appropriate name for your country.

Sex: Female

Age: 22

Family status: Single, has a boyfriend

Religion: Give your client a religion appropriate for your country

Where you live: A large city

Education: Completed two years at university

Work: Work in a bank as a secretary

Why you came to be tested: You have a new boyfriend, and you want to get tested. You want the peace of mind of knowing that you are negative for sure.

What you know about HIV/AIDS and testing: You know a lot about HIV/AIDS and its effects in the body. You don't know about the window period. You have been tested once before, but that was two years ago.

Sexual history and behaviors: You have about three partners a year. You use condoms until you feel you can trust your partner, and then you don't use anything. You take birth control pills.

Risk-reduction preferences: You don't mind condoms for a little while, but there is no way you are going to use them all of the time. You are not quite sure you trust your current partner yet, but you have had unprotected sex with him a few times.

Consent issues and current support networks: You have taken the test before, so you don't really have any consent issues. You are pretty sure the test is negative, so you haven't thought much about the need for support, but you live with your mother and are close to her. You also have a friend that you are very close to.

Your response if positive: You are extremely upset; you were not expecting this at all. You are initially unable to focus on anything.

Your response if negative: You are relieved, but you were pretty sure it would be negative so you begin to not listen to what the counselor is saying.

PRE- AND POST-TEST COUNSELING ROLE-PLAYS

Client B

Name: Give your client an appropriate name for your country.

Sex: Male

Age: 45 years old

Religion: Give your client a religion appropriate for your country.

Family status: Married with five children

Where you live: Home is in a rural area, but spends lots of time in cities due to occupation

Education: Completed grade school

Work: Truck driver

Why you came to be tested: You visit commercial sex workers. You are concerned that one of them has AIDS.

What you know about HIV/AIDS and testing: You know AIDS can kill people and that they get sick from a variety of illnesses before they die. You know HIV and AIDS are different, but you are not sure why they are different and how they work in the body. You don't know much about the testing process.

Sexual history and behaviors: You see commercial sex workers on occasion. You also have a girlfriend. Your wife doesn't know about this. You think your girlfriend has had affairs in the past, but you are not sure whether she is having one presently.

Risk-reduction preferences: You don't like the feel of condoms, but you could be persuaded to use them sometimes, but definitely not all of the time. You could be convinced to see fewer commercial sex workers, although not less often. You are not sure what to do about your girlfriend.

Consent issues and current support networks: You are willing to consent to the test, but you want assurance that your results are private and that you get to choose how to handle what to do with the information. You can talk to your religious leader; you trust him.

Your response if positive: You are defensive, you question the validity of the test and you don't want to tell your wife. You feel at first that you don't want to talk to anyone. You are contained—not angry, but somewhat anxious and frustrated.

Your response if negative: You feel very grateful, but still are not sure how you want to handle the situation with your girlfriend.

PRE- AND POST-TEST COUNSELING ROLE-PLAYS

Client C

Name: Give your client an appropriate name for your country.

Sex: Male

Age: 23 years old

Religion: Give your client an appropriate religion for your country.

Family status: Single, no children

Where you live: Capital city

Education: Grade school education

Work: You are an apprentice tailor.

Why you came to be tested: Your best friend has been diagnosed with AIDS. You spend a lot of time with him and have shared meals with him and razors. You have shared the same sleeping mat. You are concerned you might have gotten it from him.

What you know about HIV/AIDS and testing: You don't know much about HIV/AIDS. You don't understand transmission. You have heard that you are not supposed to share razors. You know you can get it from unprotected sex.

Sexual history and behaviors: You usually have one girlfriend at a time, but sometimes you go out with more than one. You have about 8-12 partners a year. You've been sexually active since you were 17 years old.

Risk reduction preferences: You tried using a condom, but you don't like them. You might use one if a partner requests it, but not more than a few times. Usually you can convince them not to use condoms anymore. You definitely don't want to wear condoms all the time.

Consent issues and current support networks: You want to be sure the test results won't be given to anyone, especially your partners. You live with your uncle in the capital, but you are not sure how supportive he would be. You and your cousin are very close and you feel you can talk to him about anything.

Your response if your result is positive: You are numb, unable to talk and engage in a conversation. You are experiencing the news by withdrawing; this is a form of crisis behavior.

Your response if your result is negative: You feel lucky that you are negative. You are determined not to get yourself into this situation again; you are eager to develop a risk-reduction plan but are not sure how to do it.

SESSION 27: POST-TRAINING ASSESSMENT

POST-TRAINING ASSESSMENT

Part 1: Information Retrieval

- HIV is found in what four bodily fluids?

Information found in:

- What are the five steps to creating a risk reduction plan?

Information found in:

- Identify three counseling skills that build trust:

Information found in:

- What does a negative test result mean?

Information found in:

Part 2: Knowledge of VCT Information

Name _____

True or False*Circle the correct response.*

T F	HIV weakens an infected person's immune system.
T F	AIDS stands for Acquired Immunodeficiency Syndrome.
T F	Studies show that if used consistently and correctly, condoms greatly reduce the risk of HIV transmission.
T F	A positive test result means the individual has AIDS.
T F	Counselors should give advice and tell clients the best risk reduction strategies for their situation.
T F	Allowing silence is a key counseling skill.
T F	The HIV ELISA test looks for HIV antibodies in the blood.
T F	Most HIV-positive babies become positive after birth.
T F	Sero-discordant couples are couples who both have positive results.
T F	Individuals who have an STI, or a history of having STIs, are at a greater risk of contracting HIV.

AIDS or HIV*Circle one.*

AIDS HIV	_____ is a virus detected in a person's blood.
AIDS HIV	_____ is a later stage of the disease in which the body's immune system cannot fight off even the most common illnesses.

Short Answer/Fill in the Blank/Multiple Choice

The transmission of HIV through the fingers by taking off a used condom . . . (Circle one)

is a very dangerous possibility and should be avoided.

is theoretically possible because vaginal secretions and semen transmit HIV, but extremely unlikely because HIV cannot live long outside of the body, unless it is in very high concentrations, and cannot penetrate unbroken skin.

At what point during sexual activity should a condom be put on? (Circle one)

Before genital contact.

Immediately following ejaculation.

HIV is a _____ sexually transmitted infection.

bacterial

viral

The steps that health care workers should take with all patients to prevent transmission of HIV and other pathogens are called _____.

Give the word represented by each letter of "HIV:"

H _____

I _____

V _____

For a person to become infected with HIV, the virus must somehow enter his/her _____.

Of the following list, circle the two that demonstrate good VCT counseling skills because they encourage communication with the client to continue:

ask why questions

use polite imperatives ask open-ended questions

give good advice

provide information only

Read the following scenario. Check the response that would you would use as part of a client-centered counseling approach.

A young girl comes into the clinic. She takes care of her aunt who is HIV positive. Her mother doesn't want her to take care of her aunt because her mother thinks she'll become infected. She wants to prove to her mother that she is safe and cannot get infected. By taking the test she believes her mother will let her take care of her aunt.

____ "I'm glad you came to the clinic today. You sound very concerned about your aunt. Tell me more about her situation and how you help take care of her."

____ "Does your mother know you're taking the test today? What does she think of you coming here?"

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